

DOCTORAL THESIS

Values and ethics in counselling psychology training and practice: Discourses amongst final year trainees

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Values and ethics in counselling psychology training and practice:

Discourses amongst final year trainees

by

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Shepard Fairey (2007)

ABSTRACT

Whilst the literature underpinning counselling psychology generally acknowledges that values and ethics are inherent in therapy¹, the different ways in which they feature and to what effect are under-explored areas. Though therapeutic literature would seem to recommend that counselling psychologists take a critically reflexive approach to values and ethics, the extent to which counselling psychology training engenders this kind of thinking is unclear. This research project therefore set about examining the ways in which values and ethics were constructed in the talk of final year trainee counselling psychologists discussing values and ethics in counselling psychology training and practice. Four focus groups comprising a total of nineteen participants were conducted and transcribed. The transcripts were analysed using Willig's (2008) six-stage approach to Foucauldian discourse analysis, identifying and exploring the ways in which participants constructed values and ethics in counselling psychology training and practice.

The analysis examined the implications of the different constructions identified for counselling psychology training and practice and the subjective experience of counselling psychologists within these contexts. Three discursive constructions of values and two of ethics were identified, drawing on four discourses. The use of each discourse produced its own effects, offering participants different subject positions with different consequences for their therapy practice and subjective experience. The relationship between contrasting constructions of values and ethics from within an institutional and a humanistic discourse dominated discussion and appeared to have greatest impact on participants' practice and subjectivity. Tensions were experienced between the differing demands of the institutional and humanistic discourses, resulting in feelings of dissonance and discomfort, as participants tried to mediate between contrasting constructions in an attempt to forge a coherent sense of identity and practice involving both.

¹ The term *therapy* will be used throughout to denote the practice of counselling and psychotherapy.

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INTRODUCTION

Questions concerning values and ethics are never far away when considering how human beings operate together and the political issues we face as inherently social animals (Bindé, 2004). The complex nature of values and ethics has made them subjects of ongoing thought and debate as far back as Ancient Greece and the writings of Socrates (Rogers, 1925), Plato (Irwin, 1995), and Aristotle (Kraut, 2006). From early civilisations to the 21st Century, values and ethics have been implicated in the lives of human beings in a multitude of ways, carrying various consequences for our functioning as individuals and communities. Counselling psychology positions itself as a self-reflexive community of professionals engaged in helping people examine the functioning of their lives and the problems they face (Frankland & Walsh, n.d.). Of central concern are the values and ethics of those presenting for therapy, those practising it, and those of the therapeutic endeavour itself (British Psychological Society (BPS), Division of Counselling Psychology (DCoP), 2005, n.d.).

However, the psychological theories and research underpinning counselling psychology often give little specific attention to exploring the different roles that values and ethics play within therapy (Palmer Barnes & Murdin, 2001). Furthermore, the extents to which counselling psychologists are trained to think about values and ethics in a self-reflexive way is unclear (Parker, 2002). This research project therefore set about exploring how values and ethics were spoken about by counselling psychologists in relation to their training and practice. The aim was to examine the different ways in which values and ethics were constructed, looking at how different constructions informed counselling psychologists' training and practice and impacted their subjective experience within these contexts. In order to locate the project within the landscape of existing literature relating to *values and ethics* and *counselling psychology training and practice*, the thesis begins with a literature review setting the scene for investigation. The choices of *methodology and methods* underpinning the research are then outlined, before the *analysis* produced by the project is detailed. A *discussion* then reviews the suitability of the research methodology and methods, before the project's analysis is examined in relation to existing literature on the research topic. Possibilities for future research are then offered, followed by some concluding thoughts on the issues raised by the project and the implications for counselling psychology training and practice.

Overview of the literature review

The first section of the literature review – *Values and ethics* – begins by looking at the role of *values in psychology research* since the profession's inception in the UK. The task of *defining values* is then considered and an approach to definition is offered that aims to ensure the concept remains open for thoughtful investigation. The subject of *values in therapy* is then explored, taking a look at some of the ways in which values might be involved in therapy theory and practice. Specific attention is then paid to the *ethical implications* of values being involved in therapy, and an approach to *defining ethics* is offered that aims to ensure open and flexible thinking about the concept. The subject of *ethics in therapy* is then examined before some final comments are given on the importance of *ensuring awareness of values and ethics in therapy*.

The second section of the literature review – *Counselling psychology training and practice* – begins by looking at the nature of some of the *values and ethics in counselling psychology*, paying particular attention to *the values of the scientist-practitioner model* and *humanistic values* as components of counselling psychology's value base. Consideration is then given to what it means for counselling psychologists to be *critically reflexive practitioners*, and the implications of locating *counselling psychology training within the university* are discussed. Attention is then given to ideas about *teaching and learning values and ethics* before the salient points from the literature reviewed are brought together in a *summary*. Some final *conclusions and questions* are then stated, which are taken forward as concerns for investigation.

VALUES AND ETHICS

Values in psychology

The creation of the BPS in 1901 marked the emergence of psychology as a profession in the UK (Bunn, Lovie, & Richards, 2001). Early professional practices were predominantly focused on psychological testing and research (Martinelli, 2010), which sought to gain knowledge about human psychology through the application of scientific rigour (Benjamin, 2007). Psychology positioned itself as a scientific discipline in which values were predominantly thought of as a being based on irrational feelings that were psychometrically inaccessible (Kelly, 1990). Given psychology's scientific epistemology, values were seen as factors to be kept apart from theory and research, with psychologists supposedly assuming the role of objective scientific technicians whose practices were not impacted by values (Bergin, Reed Payne, & Scott Richards, 1996). Within psychology, it was asserted that "The 'pure' scientist has traditionally prided himself on his concern for fact, his indifference to value" (Dukes, 1955, p. 24).

Psychology did not evolve to become an applied profession dedicated to psychological treatment until after the Second World War (Benjamin, DeLeon, Freedheim, & Vanderbos, 2003). In keeping with the 'traditional' construction of psychology, the dominant viewpoint was that "counselors and psychotherapists should be aware of their personal values in order to prevent these valuative beliefs from influencing treatment" (Beutler & Bergan, 1991, p. 17). It was widely assumed that therapists could remain a 'blank slate' by assuming the role of a non-evaluatory listener and facilitator, so their values did not impact on clients (Bergin et al., 1996). There was a general reluctance amongst psychologists to acknowledge the involvement of values in therapy, which discouraged empirical work on the subject (Ehlrich & Wiener, 1961). As a result, the role of values remained an under-researched area within psychology until the 1950s and 60s, when pioneering humanistic theorists such as Abraham Maslow (e.g. 1954, 1962) and Carl Rogers (e.g. 1951, 1961) invigorated the discipline with new interest in how human life was conceptualised and valued.

The approach to psychological thought and practice put forward by humanistic theory lead the psychology profession to question traditional notions of pathology, which viewed psychological problems in terms of faults, disease, and dysfunctions (Martinelli, 2010). Literature addressing the role

of values in psychology practice began to appear in psychology publications (e.g. Dukes, 1955; Ehrlich & Weiner, 1961; May, 1953). However, it was not until the 1980s and 90s that a substantial body of literature emerged asserting that psychologists do not remain value-free in their therapy practice, even when they intend to do so, and that therapy cannot exist as a value-free enterprise (e.g., Arizmendi, Beutler, Shanfield, Crago, & Hagaman, 1985; Bergin, 1980a, 1991; Beutler, 1979; Beutler, Arizmendi, Crago, Shanfield, & Hagaman, 1983; Beutler & Bergan, 1991; Beutler, Crago, & Arizmendi, 1986; Jensen & Bergin, 1988; Kelly, 1990; London, 1986; Strupp, 1980; Tjeltveit, 1986, 1999; Weisskopf-Joelson, 1980). This influx of research led to the now accepted view that a psychologist's response to a client in therapy will invariably represent some value-laden position (Tjeltveit, 1999). Ehrlich and Wiener (1961) state, "relatively few therapists would now take issue with the assumption that therapists' values get communicated explicitly or implicitly to the patient" (p. 364), and Bergin (1980a) states "Values are an inevitable and pervasive part of psychotherapy" (p. 97).

Defining values

Whilst psychology literature now affirms that values play an integral role in therapy, the concept of *values* is difficult to define in order to examine what that role might be: "Values are difficult to define even though everyone recognises and uses the concept" (Patterson, 1989, p. 164). Difficulties in definition have beset psychological studies of values since research efforts began. In an early review of studies, Dukes (1955) stated, "Several psychologists, it is true, have included value as a principal construct in their accounts of behavior ... but their treatments are generally sketchy" (p. 24). In a later review, Ehrlich and Wiener (1961) stated, "In spite of the recognition of the prominence and role of values in the determination of large areas of human behaviour, the broadness and inclusiveness of value concepts have functioned to discourage research efforts in the area" (p. 360). Milton Rokeach (1967, 1968, 1971, & 1973) was amongst the first to take a pragmatic approach to defining and operationalising values within psychology (Mayton, Ball-Rokeach, & Loges, 1994). Rokeach produced a definition considered by many to be "both theoretically sophisticated and easily operationalised" (Kelly, 1990, p. 174), which is shown in Box 1.

Box 1A definition of values

A value is an enduring belief that a specific mode of conduct or end state of existence is personally or socially preferable. A value-system is an enduring organization of beliefs concerning preferable modes of conduct or end-states of existence along a continuum of relative importance.

(Rokeach, 1973, p. 5)

Based on this definition, Rokeach (1973) developed the Rokeach Value Survey (RVS), which sought to measure individuals' preferences for certain values over others. Research has shown support for the RVS as a measure that is "well defined, well researched, and psychometrically sound" (Kelly, 1990, p. 175), with over 350 published studies making use of the survey since its creation (American Psychological Association (APA), 2012). However, settling on a single definition of values and pursuing a line of research on this basis does not equate to working towards a definitive understanding of the concept (Tjeltveit, 1999). Almost 100 years ago, Ralph Barton Perry (1914) astutely highlighted the problem faced by Rokeach and others trying to delineate a succinct definition; a problem that remains for those investigating the concept today, as illustrated in Box 2.

Box 2The difficulty of defining values

One cannot collect values as one can collect butterflies, and go off into one's laboratory with the assurance that one holds in one's net the whole and no more than the whole of that which one seeks. There is no perforation about the edges of values to mark the line at which they may be detached.

(Perry, 1914, p.141)

Tjeltveit (1999) suggests that, rather than trying to deduce a single definition of values, the concept might be most usefully understood through a taxonomy of definitions, with different definitions placing different emphases on different aspects of the concept. Tjeltveit offers six categories of definitions, as shown in Box 3.

Box 3Taxonomy of definitions of values

1. *Values as psychological:* A variety of psychological concepts are emphasised, including cognitions, affects, behaviours, attitudes, traits, motivation, and social influence, which are seen to determine what people value, judge to have value, think to be good, or desire.
2. *Values as ethical:* The link between values and ethical theory is emphasised, serving to address not just what is valued psychologically but the goodness or righteousness of these values, i.e. what has value, or is valuable, as opposed to what is regarded as valuable.
3. *Values as a means by which the powerful impose their will on the weak:* The power of values is emphasised as being a way to rationalise and justify discrimination. Values are seen as constructs imposed by powerful people, groups, or institutions through dominant discourses.
4. *Values as choices:* Human beings' choice in values is emphasised. Values are seen as being chosen rather than determined and as such represent an expression of human freedom. A person is never seen to be coerced into holding a true value; instead it is human decisions that are seen to create values.
5. *Values as authentic expressions of an individual's nature:* Values are emphasised as being authentic expressions of our individual nature, which is discovered within ourselves and emerges as a result of getting in touch with our authentic experiencing.
6. *Values as cultural and historical:* The cultural and contextual nature of values is emphasised. Values are seen as distinctive constructs particular to the cultures and periods of time that produce them. They are contextually determined sociohistorical phenomena, which are culturally and historically contingent.

(Tjeltveit, 1999)

These six categories are not presented as a definitive list but do provide a useful entry point into thinking about the broad spectrum of values definitions that have implications for therapy practice. Tjeltveit suggests that those involved in therapy practice need to move beyond recognising that therapy is not value-free, towards understanding the ways in which it is value-laden. Bergin et al. (1996) also suggest that therapists should strive for “a more open and more complete value-informed perspective” (p. 297). Consideration of some of the ways in which values are involved in therapy is therefore needed if greater understanding of the concept is to be gained.

Values in therapy

Jenson and Bergin (1988) suggest four dimensions of therapy in which values are inherent: the goals of treatment; theories of personality and pathology; psychotherapy models and techniques; and outcome. Whilst not claiming to account for all of the ways in which values are involved in therapy, these dimensions provide a useful starting point for exploring some of the ways they do feature and the implications of their involvement. Each dimension is elaborated upon below.

1. The goals of treatment

Jenson and Bergin (1988) suggest that the value-system underlying therapy constitutes a set of “orienting beliefs about what is good or bad for clients and how that good can be achieved” (p. 290). On this basis, questions arise about who decides what is good or bad for clients, based upon what and why. Many have conceptualised the therapeutic process as one of systematically attempting to alter ‘maladaptive’ or ‘destructive’ attitudes held by clients to improve mental health and psychological functioning, modifying client values as part of this process (Beutler, 1972). However, if the goal of therapy is ‘mental health’ and ‘improved psychological functioning’, what do these value-laden terms mean and what are the implications of attributing value in such a way? Furthermore, if the goal of treatment is to modify clients’ values, how should this be done and on what basis? As Shillito-Clarke (2003) states, “Therapy cannot be value free. The key issue thus becomes: who determines what is desirable and against which criteria?” (p. 619). Stiles (1993) suggests that therapy ‘stakeholders’ – “individuals or groups, therapists, clients, families, or others in society – may have different perspectives, interests, and values regarding psychotherapeutic outcomes” (p. 116). How then do therapists ensure that clients’ values are being served in therapy? Bergin (1985) argues that clients’

values and self-determination must be respected, and that therapists cannot improve 'mental health' by force feeding clients values to achieve goals that are not their own.

2. Theories of personality and pathology

Given the elasticity of the term values, it is likely that therapists will differ from clients, one another, and other professionals in how they apply it to human experiences and how they value psychological health (Shillito-Clarke, 2003). Jones and Wilcox (1993) suggest that psychological theories are underpinned by metaphysical assumptions, which are in turn underpinned by value-systems: "psychotherapeutic theories embody values, in that each includes explicit or implicit judgments about the nature of human life that is 'good' (healthy, whole, realistic, rational) and that is 'bad' (abnormal, pathological, immature, stunted, self-deceived)" (Jones & Wilcox, 1993, p. 42). In some instances, matters of value may be perceived by therapists as representing an aspect of a client's psychopathology. As a result, the therapist may look to therapeutic theory for answers to perceived problems that actually reflect clients' values rather than dysfunction, causing them to deal with situations defensively (Palmer Barnes, 2001). Christopher (1999) argues that assessment, diagnosis, treatment goals, interventions, concepts of mental health, and underlying theories of personality and development are all influenced by cultural values that equate to presuppositions about the nature of human beings and what constitutes 'the good life'. It is argued that counselling remains essentially Eurocentric, ethnocentric, and individualistic (Moodley, 1999), with almost all psychotherapeutic theory reflecting the values of white, Western psychology (Feltham, 1997).

3. Psychotherapy models and techniques

Glad (1959) suggests that therapists using different theoretical models and techniques differ essentially in the values they teach their patients and the techniques employed to do so. He suggests that therapists' ideas about psychological health will be reflected in their personal and professional value judgments, made through the lens of a particular theoretical model. Glad posits that the values of a model will be conveyed via the therapist to clients over the course of therapy, influencing what they obtain from the relationship. Parloff, Iflund, and Goldstein (1960) suggest that the values of different theoretical models guide therapists in their selection of therapeutically relevant material. Similarly, Shillito-Clarke (2003) states, "the values inherent in preferred theoretical models determine

the kinds of therapeutic interventions made" (p. 619). If therapists view clients' material within the value-system of a particular model, which is conveyed through their technique and selection of material, acculturation of clients' values towards those of the model may occur (Odell & Stewart, 1993). Therapists may begin to lose sight of clients' values and conduct therapy based on their own terms (House, 2003). Bergin et al. (1996) state, "Whether buttressed by phenomenology, humanism and existentialism, cognitive-behavioral thinking, or psychodynamic narratives, the valuing experience of each person remains a reality – determining and directing, to a large extent, both the essence of being human and the nature of change" (p. 318-319). Therefore, rather than enforcing the values of a particular model through its rigid application, Bergin et al. suggest that therapists should aim to honour clients' individual integrity by providing "an ethical experience where growth and change can occur within one's value framework" (p. 297).

4. Outcome

It seems conceivable that the way in which a therapist values the importance of a client's material within therapy will become apparent to them over the course of treatment (Parloff et al., 1960). In keeping with this, Palmer Barnes and Mordin (2001) state, "As practitioners we understand that everything we do or say constitutes a form of suggestion and that our own value-system is bound to be communicated to clients" (p. 3). Beyond the therapist-client dyad, the value-systems of other therapy stakeholders may also play a role, exerting pressure on the therapist in a way that impacts their practice, resulting in the vicarious communication of third party values to the client (Carroll, 1996). Different stakeholders may have different expectations and value different outcomes. The communication of values to clients within therapy may mean they begin to adopt the values implied by their therapist's practice, irrespective of whether or not the therapist aims for this to happen (Shillito-Clarke, 2003). There is considerable research suggesting that an assimilation of a client's values towards those of the therapist over the course of therapy may be an integral part of therapeutic change and may be associated with 'positive' therapeutic outcome as rated by the client and/or therapist (e.g. Atkinson & Schein, 1986; Beutler, 1972, 1979, 1981; Beutler, Crago, & Arizmendi, 1986; Beutler & Bergan, 1991; Beutler, Pollack, & Jobe, 1978; Kelly, 1990; Kelly & Strupp, 1992; Kessel & McBrearty, 1967; Rosenthal, 1955; Tjeltveit, 1986). However, the exact nature of the relationship between client and therapist values and therapy process and outcome remains unclear

(Kelly, 1990; Beutler & Bergan, 1991; Kelly & Strupp, 1992). Nevertheless, if therapists have the capacity to influence clients' values, they have a professional responsibility to reflect with great care on the values they hold and communicate, lest their influence be less than optimal (Tjeltveit, 1999).

Ethical implications

Therapists' communication of values to clients in therapy raises questions concerning the ethical dimensions of therapy (Corey, Corey, & Callanan, 2011). How do therapists avoid client coercion and preserve self-direction when they are communicating values with the potential to bring about value change? The importance of client autonomy is emphasised as a fundamental feature of ethical practice across therapeutic professions (American Counselling Association (ACA), 2005; APA, 2010; British Association of Counselling & Psychotherapy (BACP), 2010; BPS, DCoP, 2005; Health Professions Council (HPC), 2010; United Kingdom Council for Psychotherapy (UKCP), 2009). It is generally agreed that "Therapists should not impose their own values on patients, but respect their autonomy and choice" (Holmes, 2001, p. xv). Some professional bodies go so far as to provide directives on how therapists should manage the involvement of values in practice. For example, the ACA Code of Ethics (2005) contains a directive called "Avoiding Harm and Imposing Values" (section A.4.), which states, "Counselors are aware of their own values, attitudes, beliefs, and behaviours and avoid imposing values that are inconsistent with counseling goals" (section A.4.b.). This statement raises its own questions about the values embedded in counselling goals. It would seem that where questions regarding values arise within therapy, questions regarding ethics are sure to follow. It would also seem that values and ethics are intrinsically linked across dimensions of therapy. Tjeltveit (1999) states, "it is never possible to sunder values from ethical theory. Indeed, on some accounts of values, ethical theory and values are inextricably bound" (p. 83). The ethical dimensions of therapy therefore require some examination alongside the role of values.

Defining ethics

The concept of *ethics* has been put to use by psychologists, sociologists, philosophers, and the general public in various ways to address a wide array of questions about what is good, right, desirable, virtuous, and moral (Palmer Barnes & Mordin, 2001). As with values, settling on a single definition of ethics is likely to close down ways in which the concept can be thought about, hindering

the breadth of its exploration. In light of this, Tjeltveit (1999) offers six distinguishable but intertwined *dimensions of ethics* that might be usefully considered when thinking about ways in which the concept features in therapy. Box 4 provides brief descriptions of each dimension, to which two amendments have been made for the purposes of this project. Firstly, the dimension Tjeltveit originally calls ‘theoretical ethics’ will be called *philosophical ethics*. Secondly, the dimension Tjeltveit originally calls ‘clinical ethics’ will be called *applied ethics*. These changes have been made to avoid connotations with psychological theory and the medical model respectively.

Box 4

Dimensions of ethics

1. *Professional ethics* addresses the standards that govern members of a profession in their interaction with those served by it. These standards are generated from within the profession and are represented in codes of ethics outlining the obligations of members of a particular discipline, and may also outline ideal behaviours to which professionals should aspire.
2. *Philosophical ethics* addresses the intellectual foundations of ethics. Based upon philosophical and theoretical reflection, it represents the systematic endeavour to understand moral concepts about good or bad, right or wrong, and to justify moral principles and theories. It seeks to discover value principles and the relationship between these principles.
3. *Applied ethics* addresses the decisions practitioners make in their therapeutic practice. These may be related to the process of therapy and/or its goals. A top-down approach would apply principles derived from philosophical ethics to provide universal answers to ethical issues across the board. A bottom-up approach would consider the appropriateness of principles derived from philosophical ethics in relation to context-specific situations.

(Continues)

Box 4 (Continued)

4. *Virtue ethics* is concerned with the stable ethical characteristics of a person, rather than the ethical principles people employ, the way they resolve ethical dilemmas, or the behaviours they exhibit. It addresses the qualities of a person that are deemed to have merit or worth and relates to notions of righteous conduct.
5. *Social ethics* focuses on communal conduct and is concerned with the ethical dimensions of personal partnerships, families, social structures, communities, and society as a whole. It addresses notions of social justice, the relationships between individuals and larger social entities, social policies, the functioning of society, and the general welfare of a population.
6. *Cultural ethics* focuses on the critical analysis of culture and the particularities of various societies. It looks at historical, ideological, and cultural factors that relate to ethics. It examines the prevailing ideologies and marginalised discourses across cultures, and addresses questions of cultural difference and universality.

(Tjeltveit, 1999)

These six dimensions are not presented as a definitive list of ethical dimensions but as a broad spectrum of ideas that offer food for thought when considering notions of ethics and the role of values in therapy. Tjeltveit suggests that by exploring the ethical dimensions of therapy, and their relationship with values, therapists might enhance their understanding of what it means to be ethical: “we need more sophisticated analyses of the ethical character of psychotherapy” (Tjeltviet, 1999, p. 13). Some examination is therefore needed of how ethics features in therapy and to what end.

Ethics in therapy

Ethics in therapy might seem like a straightforward topic: therapists should be properly trained; they should be members of a reputable professional organisation with a well-developed code of ethics; they should establish clear contracts with clients and demonstrate appropriate boundaries; their practice should be founded on defensible research as opposed to anecdote or charisma; and clients

should be safeguarded against harm, exploitation, and coercion (Holmes, 2001). However, the role of ethics in therapy is neither fixed nor simple (Shillito-Clarke, 2003), it is filled with confusion, uncertainty, and mystery (Holmes, 2001). Whilst therapists might aim to behave ethically towards clients by being non-invasive and tolerant of different values, their own values are constantly being communicated through their actions, impacting clients in relatively unknown ways. Furthermore, showing tolerance of clients' values and respecting their right to hold values different from the therapist's own does not mean assuming an ethically relativistic position. Bergin et al. (1996) suggest that such a position is problematic, since it implies that therapists should accept all clients' values as equally good or valid, which is a value assumption in itself. Kitchener (1980) and Bergin (1980b) suggest that an ethically relativistic stance is inconsistent with the goals of therapy, since whenever therapists advocate or pursue specific goals of change, implicitly or explicitly, they cease to be relativists. Where the values held by a client appear to be having negative emotional or physical consequences, a relativistic stance would make it impossible for a therapist to challenge these values since all values would be assumed equal. Bergin et al. (1996) therefore advocate "An explicit and nonrelativistic therapist stance about values, along with a tolerance for differences" (p. 300).

Holmes (2001) posits three interrelated therapist qualities that might go some way to ensuring that therapists remain aware of what is occurring between themselves and clients and aim towards assuming an ethical stance in their practice. These qualities are shown in Box 5.

Box 5

Therapist qualities

1. *The capacity for self-reflection:* Therapists should have the ability to see thoughts, feelings, and actions as they arise in therapy and to think about them.
2. *The capacity to put thoughts, feelings, and potential actions into words:* Therapists should be able to articulate the thoughts, feelings, and potential actions arising within therapy, rather than being drawn into enactment.
3. *The ability to attend closely to boundaries:* Therapists should be aware of the potential pitfalls created by therapeutic intimacy and its limitations.

(Holmes, 2001)

Whilst values are not mentioned specifically in relation to these qualities, as part of the therapist's processing of thoughts, feelings, and potential actions there is the potential for them to become aware of the values embedded in the material being reflected upon. The self-awareness Holmes emphasises seems central to therapists' engagement in a process of ethical reasoning, whereby ethical decisions are made with an awareness of what is taking place, what is being responded to, what is going into formulating a response, and what the implications of this might be. Whilst Holmes's qualities indicate self-awareness skills that might facilitate ethical reasoning, Shillito-Clarke (2003) offers a model of ethical reasoning based on Beauchamp and Childress's (2001) model of moral justification. Shillito-Clarke's model provides a useful heuristic for thinking about the ways in which ethical decisions are made in practice, as shown in Figure 1.

Figure 1

Model of ethical reasoning

Critical-evaluative level	Theories
	Principles Autonomy Beneficence Non-maleficence Justice Fidelity
	Rules
Intuitive level	Individual conscience

(Shillito-Clarke, 2003, p. 617)

Ethical reasoning can be seen to take place on two levels within the model: an *intuitive level* and a *critical-evaluative* level. The intuitive level constitutes an individual's immediate response to a situation, which Shillito-Clarke equates to decisions made through the prism of an individual's conscience. This response is the product of an individual's upbringing and past experiences.

However, an individual's intuitive response may be insufficiently resourced when facing complex and challenging situations. In such circumstances a therapist may need to engage in thinking at a critical-evaluative level to illuminate, refine, and guide their ethical reasoning. The critical-evaluative level comprises three hierarchical sub-levels, as detailed in Box 6.

Box 6

Sub-levels of the critical evaluative level

1. *Theories* are comprised of ideas about the nature and meaning of human existence, which are invoked and considered in relation to ethical issues faced by the therapist. Different ethical theories are underpinned by different systems of values, each saying something about the meaning and sanctity of life.
2. *Principles* are comprised of particular pre-established values or value-systems that are contingently applied to situations to guide behaviour. Five ethical principles are suggested that therapists should apply in their practice, these being autonomy, beneficence, non-maleficence, justice, and fidelity.
3. *Rules* are set in place through specific laws and codes of conduct to govern behaviour. Values are coordinated and sanctioned in a way that stipulates what should and should not be done. All therapeutic professions have codes of ethics setting out the standards of ethical practice acceptable to members, with which all members must comply.

(Shillito-Clarke, 2003)

The interrelated, hierarchical nature of these levels means that ethical problems are responded to on the basis of their complexity. By moving through the levels the therapist attunes their response to the issue being faced. Whilst this model provides structure to ethical reasoning, it is important to recognise that a therapist's intuitive response and their thinking undertaken at a critical-evaluative level are both produced subjectively. Therapists' values play a central role in managing the process, informing and influencing their perspective and decision making at all levels. Thus, it remains important for therapists to interrogate and reflect upon the values involved in their ethical decision

making process if they are to exhibit the therapist qualities Holmes suggests, and lay claim to being ethically aware.

Ensuring awareness of values and ethics in therapy

Given that therapists are communicating an array of values to clients during therapy practice, which are linked to various ethical dimensions of therapy, it would seem important that they have a clear and explicit understanding of this process so they are aware of the values and ethics involved (Bergin et al., 1996). Palmer Barnes (2001) states, "The patient's values, whether we agree with them or not, need to remain present in the practitioner's mind and may challenge the psychotherapist's view of difference and change his or her perceptions and values. We learn from our patients and they learn from us, but only if there is a flexibility and willingness to learn" (p. 84). It would seem that counselling psychologists should be engaged in critically examining different notions of values and ethics, their own, those of others, and especially those of clients, in order to learn how they might best serve their clients' needs and practice ethically (Tjeltveit, 1999). Rowson (2001) states, "As professionals concerned to clarify our own ethical perspectives and understand those of clients and colleagues, we need to know not only what broad and general principles we each hold but also what particular interpretations we give to them" (p. 6).

By critically reflecting on the ways in which values and ethics are involved in therapy, therapists might avoid exerting undue value influence on clients and minimise the potential for force feeding them values under the rubric of therapy. As Tjeltveit (1999) suggests, "This means thinking about alternative analyses of values and ethics (including the best ethical answers from across the centuries and from other cultures), exposing one's own beliefs to rational scrutiny, and entering into dialogue with those holding other views" (p. 13). Ehrlich and Wiener (1961) emphasise how important it is that therapists are aware of their values and the ways they might impact clients': "it is crucial for the therapist to make his own values explicit, and to foresee and anticipate how they may affect the patient's value system" (p. 364). Similarly, Bergin et al. (1996) state, "it is essential that relevant values become explicit so informed choice is possible and autonomy remains a reality" (p. 298). The values involved in counselling psychology therefore require some examination if counselling psychologists are to garner increased awareness of those embedded in their practice.

COUNSELLING PSYCHOLOGY TRAINING AND PRACTICE

Values and ethics in counselling psychology

The 1970s saw an increasing number of individuals gain a first degree in psychology and go on to do counselling training or helping work of some kind (Orlans & Van Scoyoc, 2008). However, there was no defined professional position for such individuals within the BPS at that time. In response to this, the BPS set up a Working Party in 1979 to consider the relationship between psychology and counselling (Nelson-Jones, 1999). The aim was to examine whether counselling was a legitimate activity for psychologists and the extent to which it could be supported by the BPS. Attention was directed towards examining definitions of counselling and how this activity could be distinguished from psychotherapy; training programmes for counsellors and related standards; professional and ethical guidelines for such work; the relationship between counselling in the UK and other countries; and the relationship between counselling and psychological research (Orlans & Van Scoyoc, 2008).

The Working Party's report supported the recognition of counselling as a distinct activity rooted in the understanding of psychological processes (Nelson-Jones, 1999). As a result, the BPS established an interest-based Section of Counselling Psychology in December 1982. In 1989, this became a Special Group with its own practice guidelines and the BPS concurrently established a Diploma in Counselling Psychology to provide trainees with a route to chartered status. Full divisional status was achieved in 1994 and psychologists with the Diploma or a statement of equivalence became eligible for chartered status. In 1996, the equivalence route was closed marking the emergence of counselling psychology as a profession, since everyone qualifying thereafter would have undertaken a formal training, either by completing a BPS accredited course or via the independent route (Strawbridge & Woolfe, 2003).

In an attempt to examine the construction of counselling psychology in Britain, Pugh and Coyle (2000) conducted discourse analysis on articles from the 1990 and 1996 volumes of Counselling Psychology Review addressing its construction, "to explore the extent to which counselling psychology has been constructed as a separate space for inquiry" (p. 86). Their analysis suggests that emphasis in the 1990 papers was on the construction of identity and legitimacy, achieved largely through representations of similarity and difference at a general level compared to related professions – particularly clinical psychology – whereas the 1996 papers had a greater emphasis on more fine-

grained constructions of similarity and difference, such as counselling psychology's unique phenomenological value-system. Specifically, Pugh and Coyle highlight allusions to the positioning of counselling psychology's value-system as 'alternative' to that of an experimental scientific paradigm. They suggest that other domains of professional psychology, such as clinical psychology, are implicitly represented as having been shaped by a traditional model of science, based on scientific values such as objectivity, and are portrayed as having evolved in a patriarchal context reflecting masculine attributes. In contrast to this, they suggest that counselling psychology, being a 'therapeutic psychology', is often portrayed as feminine in its construction, and it may be this discourse that is being invoked when attributing a 'different' value-system to it: "the use of the first person singular conveying something of the nature of that value system, i.e. an emphasis on subjectivity, reflexivity and 'the inescapably socio-political character of practice' and an abandonment of disinterested detachment" (Pugh & Coyle, 2000, p. 95).

In an attempt to place 'counselling psychology in context', Strawbridge and Woolfe (2003) suggest counselling psychology in Britain can be seen as a return of counselling to psychology: "The former is rooted in humanistic and existential-phenomenological psychology in which the search for understanding and meaning is central and in which the focus is upon an engagement with subjective experience, values and beliefs. The latter (in the United Kingdom and United States) has emphasised its roots in experimental behavioural science" (Strawbridge & Woolfe, 2003, p. 5). Counselling and psychology are thus seen as having different value-systems, brought together in counselling psychology. Strawbridge and Woolfe suggest that the difference between these value-systems is not unbridgeable but is greatly dependent on what is meant by the terms science and scientist-practitioner. They suggest that a reversal of the latter term to practitioner-scientist may help to stress practice and the values of practice-based research, as well as to distance counselling psychology from the dominant 'rationality' model of science: "At the very least we must address and seek to transcend the gulf that has existed between the dominant view of science as value-free and practice as grounded in humanistic values and characterized by uncertainty and value conflict" (Strawbridge & Woolfe, 2003, p. 7).

The values of the scientist-practitioner model

The scientist-practitioner model has been the most widely adopted model for organising the training of professional psychologists on university training programmes since it was proposed at the Boulder Conference on Graduate Education in Clinical Psychology in 1949 (Aspenson & Gersh, 1993). Whilst the original intent of the model was to train students in both research and clinical practice, the integration of science and practice in this way has been the subject of much controversy (Barlow, Hayes, & Nelson, 1984). Whilst the scientist-practitioner model is cited as “a cornerstone of counselling psychology identity” (Chwalisz, 2003, p. 497), the rationale for the model has been criticised as “spurious; the Boulder Model trains students as researchers, a role that is incompatible with their interests and abilities” (Frank, 1984, p. 417). Holland (1986) argues that practitioners and scientists are different personality types based on different value-systems and should not be forced into the mould of a monolithic training model within counselling psychology.

Corrie (2003) suggests that the extent to which counselling psychologists define themselves as being artists or scientists may reflect how they wish to position themselves within the evidence-based practice debate. Corrie (2003) asks, “Is it still appropriate for counselling psychologists to identify themselves with the scientist-practitioner model on those occasions when they are not actively producing evidence? Or is the scientist-practitioner model a philosophy of practice that has outlived its usefulness and which needs updating in the light of contemporary health care developments?” (p. 11). Questions surrounding the scientist-practitioner model have implications for counselling psychology training. If a traditional scientific approach to values differs from that of a reflective practitioner – the former emphasising objectivity and the production of knowledge, the latter acknowledging the role of values in human relationships and the unknown (Strawbridge & Woolfe, 2003) – how is this tension dealt with on a university training course?

Aspenson and Gersh (1993) employed qualitative and quantitative research methods to explore twenty-four graduate psychology students' subjective experiences of the scientist-practitioner training model and its perceived viability for developing professional identities as psychologists. Participants were doctoral students on APA accredited courses, studying counselling, clinical, and school psychology. The Scientist-Practitioner Inventory (SPI; Leong & Zachar, 1991) was used to measure participants' interest in work activities associated with the roles of scientist and practitioner in the field

of psychology. Semi-structured interviews were also conducted exploring participants' professional goals; perceptions of their ideal training program; perceptions of their current program; and perceptions of the scientist-practitioner model. Aspenson and Gersh found students' responses ranged from those with "an almost evangelistic zeal for the model" (p. 215) to those who considered it "impractical, unnecessary, and largely irrelevant to their own career goals" (p. 215). Participants were classified into three general groups, as shown in Box 7.

Box 7

Students' responses to the scientist-practitioner model

1. *Positive* students viewed the wedding of research and practice as a desirable goal for all psychologists, emphasising the need for them to draw upon each other. They were least ambivalent about the relevance of the scientist-practitioner model to their professional goals and interests. The *positive* group indicated stronger interests in science and research activities and weaker interests in practice and therapy activities on the SPI. Students in this group reported positive experiences that had shaped their views on the scientist-practitioner model and almost all had past experience in research and practice.
2. *Negative* students found it difficult to define the scientist-practitioner model without producing negative evaluations. They viewed science and practice as separate areas of professional activity and were most likely to advocate separate avenues for training. Whilst some saw merit in being a consumer of research, most viewed their research training as demanding more time and effort than preferred. The *negative* group indicated stronger interests in practice and therapy activities and weaker interests in science and research activities on the SPI. Students in this group reported little exposure to, and/or investment in, the scientist-practitioner model prior to their training programme.

(Continues)

Box 7 (Continued)

3. *Ambivalent* students held positive views on certain aspects of the scientist-practitioner model but pessimistic views on its relevance and viability for psychology, though they tended to support the intent of the model. They were the only students to express the view that the model was more than simply *doing* both research and practice; that *being* a scientist-practitioner was a manner of thinking and did not just relate to activity. The *ambivalent* group's scores were placed between the *positive* and *negative* groups' on the SPI. Students in this group reported positive experiences or expectancies regarding research and the scientist-practitioner model prior to training, but described their enthusiasm decreasing in response to experiences on their programme.

(Aspenson & Gersh, 1993)

Across the groups, most students viewed science and practice as distinctly separate components of the scientist-practitioner model, and most students equated science with research. Conceptualisations of the scientist-practitioner model that referred to the integration of science and practice were relatively rare. Furthermore, many students felt they had few faculty role-models on their training programme that functioned in an integrated manner as scientist-practitioners. Aspenson and Gersh suggest that students' perceptions and feelings about the scientist-practitioner model are likely to be influenced by both positive and negative 'shaping experiences' in their environment. These experiences can take various forms, including contact with scientist-practitioner role-models, personal experiences integrating science and practice, and exposure to research relating to students' practice interests. They also suggest that these experiences indirectly impact students' perceptions of the scientist-practitioner model by influencing their definition of science and their career aspirations and interests.

Humanistic values in counselling psychology

Born out of the cultural shift of the 1960s and 70s, emphasising the importance of human freedom and individuality, the epistemological stance of counselling psychology is commonly seen as being humanistic, eschewing the values of orthodox 'value-free' psychoanalysis and positivist behavioural

psychology (Ashley, 2010; Strawbridge & Woolfe, 2010). Instead, counselling psychology emphasises the importance of intersubjectivity and relational factors, and encourages an attitude of curiosity and questioning, working towards a tentative understanding of human life on this basis (Milton, 2010). The knowledge base underpinning counselling psychology draws on a range of therapeutic modalities. The major schools of thought – psychodynamic, humanistic, and cognitive behavioural – differ in how they construct and attend to human beings and psychology, and in doing so intimate different values and ways of valuing. Psychodynamic theory places value on the role of unconscious mental processes in understanding human psychology and behaviour, fostering “skepticism about the apparent self-evident meaning of surface phenomena” (Person, 1983, p. 623). In contrast to this, humanistic theory places value on a person’s ability to grow and achieve, or strive for self-actualisation (Maslow, 1954), in relation to conditions of their environment, fostering a holistic approach to human beings as relationally embedded, conscious, volitional individuals (Bugental, 1964). Different still is cognitive behavioural theory, which places value on observable behaviour as an indicator of a person’s psychology, fostering collaborative empiricism between a therapist and client who work together to test the validity of potentially maladaptive thoughts, assumptions, and beliefs that may underlie self-limiting or problematic behaviours (Beck, 2011).

Thus, whilst counselling psychology’s knowledge base draws on different therapeutic models that are not altogether congruent in the values they purport, these models tend to be viewed through a predominantly humanistic lens. This is a defining feature of counselling psychology that distinguishes it from other therapeutic professions, such as psychoanalysis and clinical psychology, which assume alternative epistemological stances and pursue different processes of training, enquiry, and practice on this basis (Strawbridge & Woolfe, 2003). This is not, however, to say that all counselling psychologists are humanistic practitioners, rather it is to say that people are understood and restored in relationship as counselling psychologists navigate different models in their practice, recognising that psychological distress has many causes and maintaining factors and that it is impossible for any single model to capture all of these” (Ashley, 2010, p. 125).

Martinelli (2010) utilises the process of ‘reflective judgement’ proposed by King and Kitchener (2002) to explore the philosophical development of counselling psychology from its inception to 2010, and in doing so touches upon some of the values involved in counselling psychology’s construction and

identity. Martinelli suggests that, whilst counselling psychology is “a broad church, marrying different practices often rooted in diverse if not opposite philosophical and epistemological systems” (p. 40), a coherent identity is achieved through a unifying set of humanistic values and ethics, as proposed by Cooper (2009). Cooper attempts to identify the ‘essential’ values of counselling psychology that make it distinct from other psychological professions, drawing on a range of counselling psychology texts (BPS Qualifications Office, 2008; Gillon, 2007; Orlans & Van Scoyoc, 2008; Woolfe, 1996) to offer six key principles, as shown in Box 8.

Box 8

Key principles of counselling psychology

1. A prioritisation of the client’s subjective and intersubjective experiencing, as opposed to a prioritisation of the therapist’s observations or ‘objective’ measures.
2. A focus on facilitating growth and the actualisation of potential, as opposed to a focus on treating pathology.
3. An orientation towards empowering clients, as opposed to empowerment as an adjunct to an absence of mental illness.
4. A commitment to a democratic, non-hierarchical client-therapist relationship, as opposed to a stance of therapist-as-expert.
5. An appreciation of the client as a unique being, as opposed to viewing the client as an instance of universal laws.
6. An understanding of the client as a socially and relationally-embedded being, including an awareness that the client may be experiencing discrimination and prejudice, as opposed to a wholly intrapsychic focus.

(Cooper, 2009)

Cooper suggests that the practice of counselling psychology constitutes the application of these principles, which in turn represents “ethics-in-action” (p. 120). Highlighting the congruence of these

principles with those of humanistic psychology, he notes that counselling psychology is often defined as having a humanistic value base (e.g. Joseph, 2008; Orlans & Van Scoyoc, 2008; Walsh & Frankland, 2009; Woolfe, 1996). Cooper suggests that the principles underpinning counselling psychology share some ground with ideas about ethics expressed by the philosopher Emanuel Lévinas (1989). Drawing on Lévinas's philosophy, Cooper suggests that counselling psychology's humanistic value base "is most succinctly expressed in Lévinas's concept of 'Welcoming the Other'" (p. 119), in which Thou is given precedence over I (Dasey, 1999). In Lévinas's writing on ethics, one's ethical concern begins with one's responsibility for the Other and the demand he or she makes of us when encountered: "The way the other imposes its enigmatic irreducibility and nonrelativity or absoluteness is by means of a command and a prohibition: You are not allowed to kill me; you must accord me a place under the sun and everything that is necessary to live a truly human life ... the other's facing me makes me responsible for him/her" (Peperzak, 1993, p. 22). Translating this notion into therapy practice, Cooper suggests that a stance of welcoming the Other "*in all their otherness*" (p. 121) represents "an articulation of the essential ethic and politic that, for many of us, underlies counselling psychology" (p. 121).

However, in attempting to incorporate a notion of Lévinasian Otherness into counselling psychology, Cooper risks ratifying an instructed way-of-being that is theoretically defined. This might actually close down the potentiality of a human encounter by viewing the Other through a supposed Lévinasian lens. In terms of the ideas proposed by Lévinas, it is not through a Lévinasian lens or any other theoretical structure that we may ethically view the Other: "the ethical does not belong to any particular discipline or perspective at all; it is as originary as the most fundamental moment of theoretical philosophy because it precedes any possible scission between the theoretical and the practical or between description and evaluation" (Peperzak, 1993, p. 124). Presenting Lévinas's work as 'an ethics' for counselling psychology, or an addition to phenomenology, is therefore misguided. Lévinas's aim is far more radical than this: "practice and theory, metaphysics and theory have not yet separated ... vision and ethics as the source of all morality are still one" (Peperzak, 1993, p. 124). As Lévinas (1991) states, "Already of *itself* ethics is an 'optics'" (p. 29). The ethical relation that is commanded by the face of the Other is therefore not a theoretical exercise, since theories cannot contain the moral imperatives that ultimately drive them and give them sense (Cohen, 2003). The face of the Other is in and of itself a command to action without intervening theoretical structure. 'Thou shall not kill' is first

an immediate command before it is a theory (Cohen, 2003). The distinction between theory and practice is therefore broken down: "action no longer rests upon illuminating knowledge, upon preliminary reflection" (Wyschogrod, 2000, p. 102).

Lévinas calls conscious intentionality into question: "What is at stake here is the calling of consciousness into question, and not a consciousness of a calling into question" (Lévinas, 1964, p. 54). In Cooper's (2009) transposing of Lévinas's ideas about ethics into a stance, the client is acquired and appropriated as a property of the therapist's conscious intentionality. The notion of ethics that Lévinas describes thus becomes lost. Cooper seems to come closest to illuminating the notion of ethics that Lévinas proposes when he writes, "welcoming the Other is not just a corollary to our therapeutic practice; it is its very essence" (p.121). However, Cooper still faces a conundrum, since, by stipulating the essence of counselling psychology, conscious intentionality once again comes into play and appropriation of the Other is inevitable. Whilst Cooper's intention in trying to articulate counselling psychology's open and welcoming stance towards clients seems good natured, the problem he faces is one inherent in all theorising or structuring of ethics. In Lévinasian terms, by trying to stipulate ethics, ethics becomes consciously intentional, carrying with it the potential to do violence by appropriating the Other in the name of ethics. Thus, it would seem that one cannot speak of ethics without imposing a theoretical structure into which the Other is subsumed. The risk is that "Modern man is reduced to an object of sociology or psycho-analysis, a plaything of technology, a pawn of ideology" (Smith, 1983, p. 197).

Counselling psychology involves some degree of trying to comprehend the Other, although "The Other cannot be captured or grasped and is therefore, in the strictest sense of the word, incomprehensible" (Peperzak, 1993, p. 21). The notion of ethics described by Lévinas cannot, therefore, be subsumed into counselling psychology as a governing construct per se, but his ideas do hold provocative relevance for counselling psychology, its theories, training, and practice. It would seem that Cooper's (mis)appropriation of Lévinas for counselling psychology provides weight to the argument that therapists should be explicit about the systems of values and ethics involved in their practice, so as not to miss seeing the different ways in which clients are appropriated into these systems. Whilst counselling psychologists might do well to engage in an ongoing process of critical

reflection that aims towards welcoming the Other in all their Otherness, they should do so based on the understanding that realising this aim will perpetually elude them.

Counselling psychologists as critically reflexive practitioners

Parks (2007) states, "With counselling trends today stressing the values and behaviours of the therapist, it is crucial that counsellors can look at, understand and accept themselves as well as their clients" (p.21). Postmodern and social constructionist appeals for reflexivity in therapy practice have encouraged therapists to critically reflect on their interventions and practices (Strous, 2006). Etherington (2004) offers a definition of reflexivity in research that can be thought of in relation to therapy practice. Etherington describes reflexivity as the process of "being aware in the moment of what is influencing our internal and external responses, while also being aware of what influences our relationship to our topic and our participants" (2004, p. 46). Within therapy, the topic comprises all of the issues faced by the therapist as part of their practice, including those relating to clients and their material, whilst participants includes clients and all other therapy stakeholders the therapist has involvement with. McLeod (2007) suggests that therapist reflexivity "reflects a critical dimension of what it takes to be a good counsellor" (p. 75). Strous (2006) argues that it is important therapists do not assume they have a monopoly on knowledge or believe that their practices are based on objective understandings. Instead they should critically reflect on their professional assumptions and their own socialisation to gain greater understanding of the factors affecting their work. If counselling psychologists are to be engaged in this process, does counselling psychology training within universities, commonly seen as institutions of modernity based around knowledge (Delanty, 2001), encourage and facilitate critically reflexive thinking?

Counselling psychology training within the university

What was previously a rapidly growing affiliative association between counselling psychology training and universities is now a well established relationship (Figlio, 2000; House, 2001), offering a pathway to statutory status with the HPC and chartered status with the BPS, both now prerequisites for practice as a counselling psychologist (BPS, 2009; HPC, 2010). House (2001) argues, "This is a major development whose causes, consequences and appropriateness have received far less attention in the literature – including the 'anti-professionalization' literature – than they surely warrant"

(p. 383). At a time when universities are facing governmental budget cuts and increased emphasis on auditing, throughput, and efficiency, it is surprising that there has not been more discussion about whether universities are appropriate places to teach counselling psychology, and if so how teaching should take place (Berry & Woolfe, 1997).

Berry and Woolfe (1997) question the extent to which the differing cultures and value-systems of counselling on the one hand and teaching and learning on the other can ever be congruent. They state, "Universities are institutions of learning whose commitment is to the overall development of knowledge" (p. 518), whilst "counselling training is more subtle and involves personal development and practical competence" (p. 518). Coren (2002) states, "There is a school of thought that believes the notion of teaching, whether it is a technique, skill or process, in the field of therapeutic counselling, is in essence a contradiction in terms" (p. 371). If, as Shillito-Clarke (2003) suggests, "Frequent questioning and reflection on the ethical implications of ideas and actions, both conscious and unconscious, are crucial" (p. 632), is a university setting conducive to engaging trainees in a critically reflexive approach to learning, whilst also teaching and assessing academic knowledge? How are values and ethics modelled and explored by a university within the content of a training programme, its delivery and assessment?

Coren (2002) suggests that "independent trainings (hearts) and university trainings (minds) have different underlying values and aims" (p. 372). Furthermore, he states, "Universities appear to be profoundly ambivalent about the notion of learning through process, evolving a host of strategies, procedures and protocols to manage that which it finds problematic" (p. 372). Coren argues that universities struggle where processes cannot be easily converted into a procedure or protocol that can be generically implemented and examined. The result, he suggests, is a linear, "theory-driven, or technocratic, method of learning and teaching" (p. 372), meaning "Therapeutic 'knowledge' then becomes a set of competencies and skills, something mechanical, which can be taught and applied rather than experienced" (p. 373). House (2001) suggests it is "plausible to argue that an overly-academic, over-theoretical approach in psychotherapy training will very likely detract from the kind of 'being values' (Heron, 1996) that surely lie at the heart of the best psychotherapeutic practice" (p. 384). Furthermore, Berry and Woolfe (1997) argue that the systematic evaluation of students knowledge and competency via structured assessments, an intrinsic part of the academic system, is

inimical to the ethical culture of counselling: “It is not easy to reconcile the notion of a student having the human potential to self-actualise with university assessment systems which emphasise clear pass/fail boundaries based on objective criteria” (Berry & Woolfe, 1997, p. 518). McLeod (1992) also suggests that “the academic performance of students ... probably has a minimal correlation with counselling skill” (p. 359).

The way in which Counselling psychologists view the therapeutic task is likely to be influenced by the context in which they have been trained (Coren, 2002). Thus, the nature of universities as institutions of learning and knowledge is likely to have some influence on how trainees learn to be counselling psychologists and conceptualise its practices in terms of values and ethics. Parker (2002) suggests that university training courses suffer from *university temptations* and *institutional practices* that are incongruent with the values and ethics of therapy, which “betray the ethos of good therapeutic work” (p. 332). He identifies four temptations, as outlined in Box 9, which he argues are “endemic in the structure of universities as masculine institutions” (p. 345), contrasting with the more feminine values of counselling psychology (Holloway, 1989; Pugh & Coyle, 2000).

Box 9

University temptations

1. *Formalising* the work of therapy in such a way as to turn it into a predictable routine or set of procedures that govern the encounter. This can obscure the individuality of clients' value-systems and close down opportunities for creative thought and reflexive questioning.
2. *Intellectualising* about therapy by formulating theoretical descriptions that neatly tie up what occurs in sessions. This can cover over and obscure what actually happens in practice, leaving little room for the unknown and placing clients within the value-systems of particular theoretical models.

(Continues)

Box 9 (Continued)

3. *Jargonising* in such a way that therapy work becomes inaccessible to outsiders. This may operate as an index of membership, excluding those who do not understand what jargon means whilst also indicating that they are lacking on this basis, thus alienating clients from therapists.
4. *Moralising* so that therapists give clients the benefits of their supposed knowledge about what makes people happy and unhappy. This may lead to prescriptions and proscriptions about what is good and bad for people, resulting in the imposition of value-systems that leave little room for clients' values.

(Parker, 2002)

Parker also identifies eight aspects of institutional practice, as detailed in Box 10, which, although not confined to universities, he suggests “define something of the shape of the problem of psychotherapy and counselling being taught in universities” (p. 343).

Box 10Institutional practices

1. *Linearity*: The temporal shape of training programmes provides a structured trajectory along which trainees are seen to progressively accumulate knowledge over a fixed period, with a definite beginning, middle, and end.
2. *Evidence*: Universities operate on the basis of certain assumptions about what criteria should be used to evaluate the subjects being taught. These criteria tend to be grounded in empirical evidence, requiring trainees to demonstrate learning and skills accordingly.
3. *Standards*: By defining and evaluating standards according to particular paradigms of knowledge, normalisation to these standards is assumed and emphasised, potentially stifling opportunities to embrace difference and engage in creativity.

(Continues)

Box 10 (Continued)

4. *Cognition*: An emphasis on logical reasoning within the university can result in a tendency towards rationalising thinking and experiences, translating phenomena into knowledge, objects, or skills.
5. *Regulation*: Universities are required to monitor and regulate trainees through various forms of assessment. The role of the university in monitoring and evaluating training and practice replicates broader social processes of observation and control.
6. *Class*: Historically, universities have served as institutions reproducing the middle classes, and the class character of therapy has typically mirrored the class character of universities. In this way, universities perpetuate hierarchies and systems of dominance.
7. *Identity*: The educational processes within universities propagate certain ways of thinking about what matters in life and certain ways of thinking about oneself. The identity achieved through university education is tied to competition and status hierarchies.
8. *Ethics*: Universities' handling of ethics often turns it into something separate from the rest of the activity of the therapist, such that it is treated as a self-contained topic. The compartmentalization of ethics in this way does not encourage its integration into practice.

(Parker, 2002)

On the basis of these temptations and practices, Parker argues that “Universities are not a good place for psychotherapy and counselling training” (p. 345). However, responding to Parker, Horton (2002) argues, “It is not a matter of universities being unsuitable for counselling and psychotherapy training, but more a matter of being aware of the problematic aspects of institutional practice in universities ... and of finding ways of making them work to our advantage” (p. 384). Similarly, Jacobs (2002) argues, “While universities have their own difficulties as institutions, including bureaucracy and even similar standardization of theories in particular disciplines, they can also represent a challenging milieu for psychotherapy and counselling education, for accountability in selection, teaching and assessment, for student participation, and for a broader critique of ideas” (p. 347).

Peterson (1979) argues that traditional university practices and prejudices often cause problems for training programmes within the university, which are pitched against education and valued differently. Peterson suggests that education has traditionally been regarded as a higher form of learning that properly belongs in the university, whilst training has been seen as a poorer cousin that belongs elsewhere. Schön (1987) suggests that both staff members and students on university training programmes are faced with a conflict between having to meet the demands of the university based on the institution's values, which to some degree involves accepting a technical-rational model of thinking and doing, and being able to respond to clients' values from a tacit source of expertise, as described by Polanyi (1967). Schön refers to this conflict as a rigour-relevance dilemma, emphasising the presence of a theory-practice split within counselling and psychotherapy training in traditional higher education institutions.

Scanlon and Baillie (1994) also suggest that within traditional departments of higher education there is often a split "between those who view practice as the rigorous application of formal 'science' and those who see it as more holistically embedded in 'tacit knowledge' and artistry of the practitioner" (p. 407). They report on a study by Scanlon (1993) exploring students' views on the extent to which post-graduate counselling courses within higher education adequately prepared them for future professional practice. Ten participants with experience of Masters level professional training courses in counselling were interviewed. Their views were gained on what it was to be a skilled practitioner in counselling, how such skills are developed, and how current educational practices could be developed to improve training in professional practice. The interviews produced three main data categories, as shown in Box 11.

Box 11Students' views on post-graduate counselling courses

1. *The 'academy' and the 'real world' of practice:* Participants described their experiences of the relationship between the college-based activities and their clinical placement. Many participants had an ambivalent attitude towards their studies and expressed doubt about the relevance to their practice. Some expressed considerable resentment about feeling compromised by a perceived mismatch between their own internal value-system and the academic values embodied in their course.
2. *Training for practice:* Participants described their views of the processes through which clinical skills were actually acquired. A commonly held view among participants was that there was insufficient skills-training on the course. There was general agreement among participants that the counsellor's personal development was integral to the process of becoming a counsellor, although there was no clear consensus about how this might be better achieved as part of their training.
3. *Student concerns with regard to the quality of course outcome:* Participants described their views on the extent to which the courses' claims to be 'clinical training' could be considered reliable and valid. Most participants were concerned about the strategies employed to assess training outcome, particularly in relation to the assessment of clinical skills and competence.

(Scanlon, 1993)

In light of these findings, Scanlon and Baillie suggest that therapy training should be underpinned by a practice-led epistemology that supports the process of acquiring and developing integrated reflective practice skills, rather than a more formal knowledge-led epistemology. House (2001) also offers an impassioned argument in favour of this kind of approach to training, as shown in Box 12.

Box 12A practice-led approach to training

*If psychotherapy is seen as fundamentally concerned with **the capacity for intimacy** and relatively nonneurotic relating in a milieu in which therapist and client co-create and transform each other, then it follows that the becoming of a practitioner is more appropriately seen as a craft that is learnt experientially and through practice-related experience, than as a knowledge-based profession which increasingly emphasizes theory over practice, infantilizing didactic assessment over self and peer validation and empowerment – in short, head over heart.*

(House, 2001, p. 385)

In light of criticisms about the ways in which values and ethics are handled by universities, along with suggestions about how values and ethics should feature within therapy training, questions arise regarding the teaching and learning of values and ethics within counselling psychology: How are values and ethics handled and conveyed to trainees during training and with what consequences? Are values and ethics taught in way that is congruent with the values and ethics espoused by counselling psychology as a profession?

Teaching and learning values and ethics

In line with Parker's (2002) suggestion that universities' handling of ethics separates it from therapy practice, Pollard (2011) argues that "The ethics of practice are often taught as marginal concerns, and are only rarely debated or considered as central and defining aspects of psychotherapy" (p. 5). Clarkson (2001) also argues that there is a tendency for universities to approach the subject of ethics technically and procedurally, providing trainees with codes of ethics and ethical dilemmas to work through, which might be seen as constituting a process of 'indoctrination and justification' (Baier, 1973). Whilst studies have shown that the recognition of ethical dilemmas and the ability to resolve them improves with training (Gawthop & Uhlemann, 1992), Clarkson (2001) argues that "the teaching of ethics by osmosis, 'add ons' or the introjection of 'rules' or group 'norms' without ongoing critical reflection is not enough" (p. 44). Shillito-Clarke (2003) argues that "ethics is about more than resolving dilemmas; it is about a way of being, of interrelating and of practising" (p. 617). Strong (2005) states,

“Practicing reflexively requires some element of social improvisation. Humans, after all, are different from the subjects of the natural sciences or their technological applications – they are alive and responsive in how they interpret their experience” (p. 96). And Guggenbühl-Craig (1995) argues that “ethical behaviour means one tries to do whatever seems to be the most useful and therapeutic action at the time, realising that our knowledge is never absolutely sure. There is always room for new information and insight ... it is our duty to question everything we are doing” (p. x).

Nussbaum (2010) argues in favour of a Socratic approach to thinking, questioning, and argument in education, “one that will stimulate students to think and argue for themselves, rather than simply deferring to tradition and authority” (p. 13). Firstly, Nussbaum suggests a lack of self-examination leads to a lack of clarity about goals, and whilst Socratic examination does not guarantee a ‘good’ set of goals it guarantees the goals pursued will be clear in relation to one another and hopefully crucial issues will not be missed. Secondly, Nussbaum suggests that a lack of self-examination may result in a susceptibility to be easily influenced, and that irresolution may be compounded by deference to authority and peer pressure, whereas Socratic critical inquiry is “utterly unauthoritarian” (p. 13). Thirdly, Nussbaum suggests that a lack of self-examination may lead to the disrespectful treatment of others, whereas a Socratic attitude would exhort that everyone, including oneself, needs examination and all are equal in the face of argument. Nussbaum proposes that Socratic thinking is a social practice and a discipline that can be taught as part of an academic curriculum: “It demands a great deal from faculty, depending as it does on intensive exchange with undergraduates, but its rewards are often correspondingly high” (Nussbaum, 2010, p. 13-14).

The extent to which a Socratic approach to teaching is seen on counselling psychology training programmes will vary amongst universities, departments, and teaching staff. Much of what is taught may go unchallenged because of the personal commitment and sacrifices trainees will have to make during their training (Palmer Barnes, 2001). Concerns arise where there is inadequate opportunity for trainees to question the theory being taught and to examine the values being communicated to clients through their work (Tjeltveit, 2000). Loewenthal (2006) emphasises the importance of developing a critically reflexive approach to values and ethics within counselling psychology, so that thoughtfulness is not replaced by “theories with fields of knowledge, territories, and ownership of subject disciplines ... which in turn attempt to control language and thought, appropriating difference sometimes in the

name of difference” (p. 144). Walsh and Frankland (2009) argue that counselling psychology is underpinned by an “ideographic epistemological and relational value base [that] cannot be tacked on to training; it has to be woven throughout training and development” (p. 41). In light of such arguments, it would seem that counselling psychologists should be actively engaged in examining their own values and those of others, and that self-reflexive thinking should be nurtured as part of training if they are to aim towards being ethically aware practitioners.

Summary

From the literature discussed, it would seem that values are a pervasive part of counselling psychology, affecting the profession and its practices in a multiplicity of ways. The communication of values to clients has important implications for the ethical dimensions of counselling psychology, which are central to its practice. Whilst therapeutic literature now acknowledges the communication of values from therapist to client during therapy (Kelly, 1990), the humanistic values emphasised within counselling psychology articulate a non-invasive approach to practice, where clients' values are to be tolerated and respected (Cooper, 2009). A critically reflexive approach therefore seems important if counselling psychologists are to understand the ways in which values inform their practice and what the ethical implications of this might be (Tjeltveit, 1999). Each therapist's ethical reasoning process is founded upon values that deserve examination if they are to gain a more open and complete value-informed perspective (Bergin et al., 1996). Differences appear to exist between the value-systems of theories and models within counselling psychology, with consequences for the way counselling psychology represents itself as a profession and how people are trained to become counselling psychologists (Aspenson & Gersh, 1993).

Conclusions and questions

The literature on values and ethics in counselling psychology would seem to recommend that counselling psychologists be actively engaged in examining the different values and ethics involved in their practices, and that critically reflexive thinking is crucial to being an ethically aware practitioner (McLeod, 2007). The literature would also seem to recommend that a critically reflexive approach to knowledge should be nurtured as part of counselling psychology training (Loewenthal, 2006), which should aim towards a Socratic approach to teaching (Nussbaum, 2010). What is unclear, however, is

the extent to which such recommendations are realised in counselling psychology training and practice. Is the involvement of values in therapy still a blind spot for counselling psychologists? Do counselling psychologists have a full awareness of the different ways in which values are involved in their practices and the resultant ethical implications?

In light of critiques highlighting the foibles of universities as institutions of learning and knowledge (e.g. Berry & Woolfe, 1997; Parker, 2002; Risq, 2007; Thorkelson, 2008; Waller, 2002), questions also arise regarding the suitability of universities for training counselling psychologists to be critically reflexive, ethically aware practitioners. Does university training engender this kind of awareness and equip graduates with critically reflexive skills? Does literature such as Cooper's (2009) paper on 'Welcoming the Other' direct attention away from the ways in which values are involved in therapy, towards thinking that counselling psychologists might be able to "let the Other be in all their Otherness" (Cooper, 2009, p. 121) ahead of appropriating them into systems of values?

This research project was interested in looking at how values and ethics were constructed by counselling psychologists as a result of and in relation to their training and practice. What did these concepts mean to counselling psychologists? How had their training and practice shaped their understandings of values and ethics? And what consequences did these understandings have for counselling psychologists' therapy practice and subjectivity?

METHODOLOGY AND METHODS

Introduction

In keeping with the recommendation that counselling psychologists take a critically reflexive approach to knowledge (Etherington, 2004), the researcher set about exploring the methodological assumptions underlying this research project in order to gain a clear picture of the ideas being drawn upon. In doing so, the researcher was guided by the research framework offered by Crotty (1998), which aims to provide 'scaffolding' (Wood, Bruner, & Ross, 1976) to the formulation of social research by enunciating "one reasonably clear-cut way of using terms and grasping what is involved in the process" (Crotty, 1998, p. 1). Whilst Crotty's framework is "in no way a definitive construction of the social research process" (p. 1), it provides a useful way of thinking about what goes into formulating and conducting a piece of research. Crotty's framework is therefore outlined and worked through as a means of guiding the reader through the thinking behind the methodology and methods involved in this project.

Crotty's (1998) Research framework

Crotty (1998) suggests that every piece of research is built around a framework of four 'elements': *epistemology*, *theoretical perspective*, *methodology*, and *methods*. Taken together, they constitute the assumptions on which the research is based, the theoretical lens through which it is formulated, the approach used to investigate the research topic, and the ways in which data is gained and analysed. Crotty defines these elements as shown in Box 13.

Box 13Research elements

1. *Epistemology*: the theory of knowledge embedded in the theoretical perspective and thereby in the methodology.
2. *Theoretical perspective*: the philosophical stance informing the methodology and thus providing a context for the process and grounding its logic and criteria.
3. *Methodology*: the strategy, plan of action, process, or design lying behind the choice and use of methods and linking the choice and use of methods to the desired outcomes.
4. *Methods*: the techniques or procedures used to gather and analyse data related to some research question or hypothesis.

(Crotty, 1998, p. 3)

Crotty arranges these elements in an interrelated sequence, whereby each element represents a set of ideas predicated on the ideas contained within preceding elements. Thus, epistemology informs theoretical perspective, which informs methodology, which informs methods. Ontology does not feature as a separate element in Crotty's framework, instead he states "Were we to introduce it into our framework, it would sit alongside epistemology informing the theoretical perspective, for each theoretical perspective embodies a certain way of understanding *what is* (ontology) as well as a certain way of understanding *what it means to know* (epistemology)" (p. 10). However, rather than positioning ontology alongside epistemology, Guba and Lincoln (1994) place 'the ontological question' before 'the epistemological question' when formulating research, since the latter will be constrained by the former; defining the nature of reality (ontology) will have consequences for what can be known about this reality (epistemology). It would therefore seem important that ontology be given some dedicated attention when planning a research project in order to be clear about the standpoint being taken, rather than having to infer this through its epistemology. Thus, ontology was added to Crotty's framework, preceding epistemology, and was given explicit consideration in formulating this project.

The framework of this research project

With the addition of ontology, the elements shown in Box 13 were attended to in relation to this project. Firstly, the underlying ontological and epistemological assumptions were explicated, establishing the researcher's beliefs about the nature of 'reality' and what knowledge could be gained of it. Based on these beliefs, the theoretical perspective was delineated, describing the theoretical lens through which the research would be conducted. The methodology was then formulated, setting out the approach to be taken towards investigating the research topic. Finally, the methods used to acquire and analyse data were decided upon and designed, detailing the procedures to be undertaken. Figure 2 illustrates the framework of this project, indicating the elements that will be explained in detail below.

Figure 2

The framework of this research project

Ontology	Critical realist constructionism
Epistemology	Constructionism
Theoretical perspective	Positioning theory
Methodology - Data collection - Data analysis	Focus groups Foucauldian discourse analysis
Methods - Data collection - Data analysis	Focus groups Willig's (2008) six stages of discourse analysis

Ontology and epistemology

The meanings of *ontology* and *epistemology* have been alluded to above. However, in order to be clear about the researcher's understanding of these terms, definitions are provided in Box 14.

Box 14

Ontology and epistemology

- *Ontology* refers to “the study of being. It is concerned with 'what is', with the nature of existence, with the structure of reality as such” (Crotty, 1998, p. 10). Ontology seeks to answer the question, “What is the form and nature of reality and, therefore, what is there that can be known about it?” (Guba & Lincoln, 1994, p. 108)
- *Epistemology* refers to “the nature of knowledge, its possibility, scope and general basis” (Hamlyn, 1995, p. 242). It is concerned with what can be known about the world and what is considered 'knowledge'. Epistemology seeks to answer the question, “How is it possible, if it is, for us to gain knowledge of the world?” (Hughes & Sharrock, 1997, p. 5)

The researcher's ontological and epistemological beliefs will set the scene for what takes place within a research project. Different beliefs about what, how, and why research should be conducted are located within research 'paradigms' (Kuhn, 1970), based on particular ontological and epistemological assumptions (Guba & Lincoln, 1994). These assumptions constitute “a *worldview* that defines, for its holder, the nature of the 'world', the individual's place in it, and the range of possible relationships to that world” (Guba & Lincoln, 1994, p. 107). Different research paradigms were therefore considered by the researcher in order to explicate the underlying assumptions of this project.

Research paradigms

Whilst a multiplicity of paradigms can be seen to exist within social research (Mantzoukas, 2004), Crotty (1998) outlines three that present distinctly different worldviews relating to ontology and epistemology: *objectivism*, *subjectivism*, and *constructionism*. 'Strong' and 'weak' versions of each

paradigm exist depending on the different emphases placed on the ideas therein. Thus, each paradigm can be seen as constituting a spectrum of ideas rather than a homogenous class. Whilst these paradigms are not definitive, and “are not to be seen as watertight compartments” (Crotty, 1998, p. 9), the ideas represented were usefully considered in relation to this research project to establish the ontological and epistemological beliefs on which it was to be based. In doing so, it was borne in mind that “few pieces of research are ever ‘pure’ examples of any one paradigm, fitting unequivocally into one category to the exclusion of others” (Candy, 1989, p. 8). Instead, it is more likely that a piece of research will emphasise the ideas of a dominant paradigm over others (Morrow, 2007). Each of Crotty’s proposed paradigms will be outlined below, before locating the standpoint of this project amongst them. Ideas pertaining to a constructionist paradigm were most strongly emphasised by this project and are therefore given most attention.

- **Objectivism**

Objectivism takes a realist standpoint in relation to ontology, positing that there is a ‘reality’ that exists irrespective of its apprehension through the operation of human consciousness (Crotty, 1998). On this basis, “an external world exists independently of our representations of it” (Nightingale & Cromby, 2002, p. 702), which is filled with inherent meaning that awaits discovery. Objectivism therefore also takes a realist standpoint in relation to epistemology, whereby knowledge is gained by studying the properties of objects in a way that can be objectively measured and quantified. In objectivist research, the researcher’s role is to map out the properties that objects and people contain and to discern their meaning, thus producing ‘knowledge’. Objectivism informs positivist schools of thought, emphasising that knowledge should be subject to impartial verification and criticism (Crotty, 1998). In this respect, the approach taken by objectivist social research is similar to that of the natural sciences (Diesing, 1966). Within objectivist research, “The golden rule for the scientist is *freedom from value-judgements* – or ‘objectivity’” (Mathieson, 1960, p. 2). Objectivist research is typically nomothetic (Ponterotto, 2005), aiming towards uncovering general patterns of behaviour that have a normative base (Diesing, 1966). The methodologies employed tend to emphasise the use of scientific methods relying on “publicly observable, replicable facts” (Diesing, 1966, p. 124). From an objectivist standpoint, knowledge about subjective phenomena can only be gained indirectly by examining overt behaviour.

- **Subjectivism**

In contrast to objectivism, subjectivism takes a relativist standpoint in relation to ontology, positing that “the essential, unique character of human behaviour is its subjective meaningfulness” (Diesing, 1966, p. 124). On this basis, no objective reality is seen to exist outside one’s subjectivity: “there are no grounds for necessarily postulating or investigating a reality independent of the knower” (Nightingale & Cromby, 2002, p. 702). The nature of reality is related to the given consciousness of an individual and is thus dependent on that individual’s consciousness (Farber, 1965). Subjectivism therefore also takes a relativist standpoint in relation to epistemology, whereby human beings are seen to acquire knowledge on an individual and subjective basis, meaning knowledge cannot be discovered objectively (Morgan & Smircich, 1980). In subjectivist social research, meaning is not seen to emanate from the interplay between an observer and an Other but is imposed on the Other by the observer (Crotty, 1998): “meaning comes from anything *but* an interaction between the subject and the object to which it is ascribed” (Crotty, 1998, p. 9).

Subjectivism can be seen to inform structuralist, post-structuralist, and postmodernist schools of thought, emphasising the individually constructed nature of reality. In this respect, the approach taken by subjectivist research stands in contrast to that of the natural sciences (Crotty, 1998; Diesing, 1966). Subjectivist research is typically idiographic, employing research methodologies such as ethnography and phenomenology that focus on providing a detailed account of the lived experience of individuals, deduced through the subjectivity of the researcher (Diesing, 1966; Farber, 1965; Ponterotto, 2005). Within subjectivist research, the researcher cannot distance themselves from the subject under study, nor the methods involved; research is seen to be inherently informed by the researcher’s values (Hughes & Sharrock, 1997).

- **Constructionism**

The constructionist viewpoint is that “Truth, or meaning, comes into existence in and out of our engagement with the realities in our world” (Crotty, 1998, p. 8), and that the only way human beings can access the world is through our representations of it, which are constructed by us (Burr, 2003). Since human beings are inherently social animals, these representations are not constructed in isolation but against a background of shared understandings, practices, and languages, which

comprise *discourses* (Schwandt, 2000). Discourses constitute different sets of meanings, metaphors, representations, images, stories, and statements, which come together to produce particular versions of the world (Burr, 2003). Thus, human beings mediate shared meanings through discourses, constructing versions of reality amongst themselves. Since this process depends on social interaction and shared intelligibility, the versions of reality constructed will be influenced by normative understandings held by a majority of people within a particular sociocultural population (Gergen, 1985). Constructionism posits that “the content of our consciousness, and the mode of relating we have to others, is taught by our culture and society” (Owen, 1992, p. 386). Human beings are seen to exist in a fluid ‘social reality’ that is constructed through the flow of discourse (Burr, 2003).

Constructionist ontology

The degree to which ‘social reality’ reflects ‘material reality’ is the subject of much debate within constructionism (Nightingale & Cromby, 2002). Different emphases are placed on realist and relativist ideas by different theorists (e.g. Burr, 2003; Gergen, 1985; Nightingale & Cromby, 2002; Parker, 1992; Sims-Schouten, Riley, & Willig, 2007). A continuum of ontological standpoints can be seen to exist, ranging from the postmodern relativism seen in ‘strong’ social constructionism, through to the post-positivist critical realism seen in critical realist constructionism (Nightingale & Cromby, 2002). The ontological standpoint taken within constructionist research will determine how the relationship between people and the world is viewed, and how research defines its purpose on this basis. Relativist and critical realist standpoints within constructionism were therefore considered in order to sketch out the different ideas represented and to locate the ontology of this project.

- *Relativist ontology within constructionism*

A ‘strong’ relativist constructionist standpoint would assert that, being as we can only access the world through our representations of it, the truthfulness of these representations cannot be judged against ‘reality’, which, if it does exist, is inaccessible to us. The categories with which we apprehend the world are not seen to necessarily refer to real divisions: “The way in which we experience the world does not in itself dictate the terms by which the world is understood” (Gergen, 1985, p. 266). There is no such thing as an objectively observable fact and “no fixed external reality to be ‘objectively’ known” (Burr, 2003, p. 75). As a result, “The rules for ‘what counts as what’ are inherently

ambiguous, continuously evolving, and free to vary with the predilections of those who use them” (Gergen, 1985, p. 268). The non-discursive world is positioned subordinately to the discursive (Sims-Schouten et al., 2007). Material objects and practices are ‘produced’ by discourse and are granted no ontological status outside their place in discourse. Language is seen to be fundamental to producing subjective realities: “When people talk to each other the world gets constructed” (Burr, 2003, p.8).

- *Critical realist ontology within constructionism*

A critical realist constructionist standpoint would assert that, whilst we are only able to access the world through our representations of it, a ‘real’ world does exist independently of these representations (Parker, 1992). Since the objects and practices in the world are likely to have different properties, discourse is seen to act as a referent system, discerning objects and practices on a differential basis, however imperfectly, partially, tangentially, or implicitly this might be (Nightingale & Cromby, 2002). Rather than the world being entirely inaccessible to human theorising, objects and practices might be accounted for to some degree, at least referentially (Sayer, 2000). Whilst referent systems are created by human beings, they concurrently shape our experiencing in accordance with the properties of the world to which they refer, constituting a “discursive accomplishment” (Sims-Schouten et al., 2007, p. 102). Observations and experiences are generated in accordance with underlying and relatively enduring conceptual, social, and material structures, which make some constructions of objects and practices more likely than others (Willig, 1999). As a result, the world is seen to be physically and socially organised in ways that constrain what it is possible to say or do. Based on this assertion, Parker (1992) argues that all aspects of our environment that influence action in this way should be granted ontological status.

Constructionist epistemology

Whether or not aspects of our environment “are given an ontological status that is independent of, but in relation with, discursive practices” (Sims-Schouten et al., 2007, p. 102), knowledge of the world is seen to be the product of social processes. Thus, knowledge cannot give a definitive account of the world, as different socially constructed understandings may also exist (Burr, 2003). The ways in which we understand the world are seen to be culturally and historically specific; they are relative and contingent. Knowledge is conceptualised as something people do together, rather than something a

person possesses (Gergen, 1985). Constructionism therefore takes a relativist standpoint in relation to epistemology, emphasising that there is no objective truth waiting to be discovered, instead all knowledge is constructed through human interaction: “all values, ideologies and social institutions are human made” (Owen, 1992, p. 385). Our representations of the world are contingent and open to alternative interpretation. However, the ideologies and social structures prevailing in socio-cultural settings are seen to play significant roles in perpetuating the meanings represented, influencing what is commonly considered as knowledge within these settings. The availability of discursive resources within a socio-cultural setting will largely influence the ways in which a topic can be meaningfully discussed and reasoned about, affecting “how our ideas are put into practice and used to regulate the conduct of others” (Hall, 2001, p. 72). Thus, Burr (2003) suggests, “the power to act in particular ways, to claim resources, to control or be controlled depends upon the knowledges currently prevailing in a society” (p. 68).

Constructionist research

The value of constructionist research might be seen as its ability to deconstruct the social world in order to show how things could be constructed differently (Willig, 1999). Doing so might demonstrate that what is considered as ‘knowledge’ is derived from looking at the world from a particular socially located perspective at the exclusion of others. This applies to social constructionist research itself, which constitutes only one way of looking things. Within constructionist research, “the search for clarity and simplicity of meaning is seen as illusory because there will always be other perspectives from which to interpret the material under review” (Humes & Bryce, 2003, p. 180). Since objectivity is considered impossible, the researcher’s values are seen to be inherent. Thus, ‘traditional’ methods of scientific enquiry associated with a nomothetic approach are rejected. Since meaning is seen as being mediated intersubjectively, constructionist research favours new practices focusing on language and other symbolic systems through which meaning is constructed and shared (Burr, 2003). The relativist epistemology within constructionism means research efforts are idiographic, looking at “specific elements, individuals, events, entities and situations, documents and works of culture or of art” (Jupp, 2006, p. 142). The focus is on what is particular to different constructions, whilst recognising that “the process of analysis is always interpretive, always contingent, always a version or a reading from some theoretical, epistemological or ethical standpoint” (Wetherell, 2001, p. 384).

Deconstructing for the sake of deconstruction

Constructionist research might be criticised as deconstructing for the sake of deconstruction (Jackson & Sørensen, 2003). If social science is value-laden, historical, cultural, political, and biased (Owen, 1995), there is no impartial standpoint from which to report constructionist research findings. Why then should constructionist research be carried out at all? What is the point if its endeavour is based on a relativist epistemology that undermines any claims to gaining applicable knowledge of the world? Why should a constructionist deconstruction be believed any more than the original construction? If every account of the world is arbitrary and value-laden, constructionism itself cannot be spared this critique. The risk is that (de)constructionism might deteriorate into nihilism, whereby discourses are deconstructed with nothing to take their place. Constructionists might thus become “estranged from the social and political world they seek to understand” (Jackson & Sørensen, 2003, p. 252), becoming so preoccupied with deconstruction that attempts to understand are rendered futile.

The aims of critical realist constructionist research

From a critical realist standpoint, constructionist research might go beyond deconstruction and aim towards social critique. Consideration might be given to why people draw on certain discourses, examining the conceptual, social, and material structures that make some discourses more available than others (Willig, 1999). This might stimulate debate around the constraints in place and the possibility of doing things differently. By affording ontological status to the structures constraining human action they might be challenged with the potential for reconstruction and social change (Parker, 1992). Sims-Schouten et al. (2007) suggest that recognising the social and material constraints people face is a matter of ethics, and that analysing a person’s talk “without considering their material existence” (p. 103) may not do justice to their lived experience. Whilst critical realist constructionist research might attempt to address this issue, the epistemology of such research remains relativist, laying no claims to identifying truths, offering only provocative suggestions about how the world is constructed. The ‘truth’ of the findings of critical realist constructionist research might only be judged subjectively by participants and readers, and on the basis of any change that comes about as a result of disrupting structures that constrain action. In such circumstances, a piece of research might be granted ontological status within a critical realist paradigm, as an artefact of social change and the structures born from it.

What ontology informed the theoretical perspective of this research?

This project did not seek to understand the objective 'reality' of values and ethics within counselling psychology, nor did it seek to provide a purely subjective, descriptive, or phenomenological account of how counselling psychologists experienced these concepts in training and practice. Values and ethics were considered social constructs rather than inherent qualities or subjective properties of consciousness. Counselling psychology was also seen as a social construction based on particular shared meanings, rather than an objectively verifiable entity or something purely subjective and immanent (Cross & Watts, 2002). Objectivist and subjectivist standpoints were therefore rejected in favour of a constructionist ontological standpoint. Within this constructionist standpoint, critical realist ideas were emphasised over relativist ideas. The ways in which values and ethics were constructed by counselling psychologists were to be explored, whilst also attending to the structures constraining counselling psychologists' ways-of-being relating to these concepts.

What epistemology informed the theoretical perspective of this research?

The research did not aim towards establishing universal truths regarding the research topic: "truth is contingent upon the subjectivity of the reader and the fickleness of language" (Graham, 2010, p. 4). It sought to provide "theorising that rests upon complexity, uncertainty and doubt and upon a reflexivity about its own production and its claims to knowledge about the social" (Ball, 1995, p. 269). In light of this, and the literature emphasising the inherent role of values in psychology practices, a value-free objectivist standpoint was deemed unsuitable. The researcher's values and subjectivity were seen to inform the research throughout. However, the research aimed to explore how values and ethics were socially constructed by counselling psychologists, rather than interpreting their subjective meaningfulness on the basis of the researcher's subjectivity alone. A subjectivist standpoint was therefore also deemed unsuitable. Instead, a constructionist standpoint was taken up from which values and ethics were to be investigated as concepts made meaningful within the context of counselling psychology through shared understandings amongst counselling psychologists. The focus was on the disclosure of how values and ethics were constructed as social phenomena (Alvesson & Sköldberg, 2009).

Theoretical perspective

In formulating and conducting social research, the theoretical perspective represents “our view of the human world and social life within that world” (Crotty, 1998, p. 7). The perspective taken will be informed by the ontological and epistemological assumptions of the researcher and constitutes the theoretical lens through which these assumptions gain sharper focus in relation to the research topic. The theoretical perspective presents the contextual, theory-driven ideas that led to the research being conducted in a particular way. Explicating these ideas will lay the foundations for the chosen research methodology.

What theoretical perspective lay behind the methodology in question?

The researcher's theoretical perspective was influenced by *positioning theory*. Positioning theory attempts to articulate a way of reading and understanding the dynamics of human relationships within a constructionist paradigm (Luberda, 2000). It is not a unified and complete theory, with various versions existing that are subject to ongoing modification (Willig, 2000). It can be seen as a group of evolving ideas and conceptual tools pertaining to “the cognitive psychology of social action” (Harré, Moghaddam, Cairnie, Rothbart, & Sabat, 2009, p. 5), which aim towards offering “a social psychology of selfhood” (Davies & Harré, 1990, p. 45). Presented below is a knitting together of some of these ideas, which were seen to provide a useful theoretical thread between the constructionist standpoint outlined above and the methodology which will be outlined below.

Positioning theory

The notion of a unitary ‘self’ is considered a misnomer within constructionism, as individuals are not seen to exist independently of their social context but are inherently in a world of others (Burr, 2003). Within this world of others, the notions of *subject position* and *positioning* are presented as dynamic concepts that can be used to describe the shifting multiple relations within a community of people and practices, which are located in and structured through discourse (Linehan & McCarthy, 2000). People are seen to place themselves and others in subject positions that exist in relation to one another, where one position can only be understood in relation to another, and positions themselves can only be understood within the context of wider discourses (Paulus, Stewart, Reece, & Long, 2009).

Fundamental to positioning theory is the proposal that discursive practices play a central role in organising human life and in constituting a person's sense of self and subjectivity (Tirado & Galvez, 2007). People might be thought of as actors in an unfolding drama, with different subject positions being taken up by different participants as they seek to achieve certain goals (Barnes, 2004). The subject positions taken up are not fixed and may change from moment to moment depending on the discourses involved and participants' positionings within them. Reciprocally, discourses may also change as participants respond to one another and pursue their goals. Participants are seen as single places of resonance within a field of discursive forces that pull and push them in different directions as they interact with one another (Owen, 1992).

Passivity and activity within discourse

Within the flux of discursive forces, individuals are both passive and active. On the one hand they "provide the energy required for meaning-making and articulation" (Wetherell, 1998, p. 12), in terms of drawing on particular discourses to construct and convey meaning. On the other hand, since they are drawing on already available discourses, the individual becomes 'decentered' (Laclau & Mouffe, 1985), since they are not the author of their own discursive activity "and not the origin point of discourse" (Wetherell, 1998, p. 12). It might therefore be argued that subject positions are determined by discourses; that they exist in a latent state waiting to be taken up and can be predicted from having knowledge of the discourses to which they belong. However, this perspective may be overzealous in emphasising the power of discourse at the expense of human agency. Wetherell (1998) argues that it seems "a misdescription to make discourse the active agent here" (p. 23). Instead she suggests that individuals have 'accountability' for the positions they assume within their settings, which should not be overlooked. A subject position is only partly the consequence of the discourse it can be assigned to, since the invocation of a position, and thus its significance and connotation, is "local, highly situated, and occasioned" (Wetherell, 1998, p. 23). Individuals are seen to have their own internal sense of an interaction (Schegloff, 1997), making the sense of an interaction dependent not only on its social intelligibility but also on what this means for the individuals involved, who will position themselves accordingly (Wetherell, 1998).

Cognition and subjectivity

Whilst the contingent nature of subject positions within the flow of discourse means many of them taken up by an individual will be transient, it is suggested that others are likely to become more permanent based on their perceived relevance and frequency of occurrence (Harré & Gillet, 1994). As a result, “what originates in the social reality of language use becomes an internal subjective orientation” (Willig, 2000, p. 557). Subject positions are not just taken up by individuals in order to achieve particular social goals but are seen to structure their private experiencing (Holloway, 1989). Harré and Gillet (1994) argue that much of what is considered ‘psychological phenomena’ should be “interpreted as properties or features of discourse, and that discourse might be public or private. As public, it is behaviour; as private, it is thought” (p. 26). Based on this, Harré and Gillet suggest that individual minds are created through the process of internalising discourse to produce cognition, and that our positioning within internalised discourse constitutes subjectivity. The repertoire of internalised discourses and subject positions a person holds is seen to impact what they are able to think, do, and feel, even when they are alone: “Discursive resources facilitate access to some ways-of-being but not others, including emotions and non-verbal practices” (Willig, 2000, p. 561).

A multiplicity of selves

Since human beings are variously positioned within multiple discourses, individuals are seen to be characterised by a discontinuous diversity of selves that change and adapt in response to the flow of discourse, as well as a continuous personal identity representing the sum of this process (Davies & Harré, 1990). It is one and the same person who is variously positioned within a network of discourses, whilst also experiencing and displaying “that aspect of self that is involved in the continuity of a multiplicity of selves” (Davies & Harré, 1990, p. 47). Positioning theory therefore attempts to provide “a way of accounting for the continuity of ourselves *as selves*” (Willig, 2000, p. 557). By internalising discourses and subject positions within them, a person is able to think about themselves “as a choosing subject, locating ourselves in conversations according to those narrative forms with which we are familiar and bringing to those narratives our own subjective lived histories through which we have learnt metaphors, characters and plot” (Harré and Gillet, 1994, p. 53).

The limitations of positioning theory

The notion of a discursive selfhood and the proposal that “discourses constitute subjectivities” (Willig, 2000, p. 557) can be critiqued as implying a mind/body, discursive/non-discursive split relating to subjectivity, emphasising discourse and cognition over more holistic ideas about human experiencing. Discursive theory alone cannot adequately theorise subjectivity as it does not account for the non-discursive experiencing of human beings, nor the possible unconscious or existential motivations behind our meaning-making. Positioning theory overlooks important notions relating to subjectivity that do not pertain to discourse and cognition in the same way, such as embodiment (Merleau-Ponty, 1970), affect (Blackman & Cromby, 2007), and tacit knowledge (Polanyi, 1967). Nevertheless, it offers a useful approach to thinking about how people position themselves and others within discourse, and how subjectivity is articulated and expressed through the learning and use of discursive practices (Davies & Harré, 1990).

Applying positioning theory to this research

Positioning theory looks to reveal the explicit and implicit patterns of reasoning underlying peoples’ actions by attending to the discursive features of the local context in which action is taking place (Harré et al., 2009). It therefore seemed to offer a way of thinking about how and why counselling psychologists might position themselves in relation to different constructions of values and ethics within the context of counselling psychology. This could be explored by examining the discourses drawn on by counselling psychologists when discussing both terms, looking at how they located themselves within discourse and to what effect. Exposure to different discourses over the course of training and practice might lead counselling psychologists to construct values and ethics in particular ways and to adopt particular subject positions with consequences for their practice and subjective experience. Over the course of training, particular constructions of values and ethics might “become internalized and reified, thus defining (and constraining) possible ways-of-being” (Willig, 2000, p. 558).

Methodology

Founded upon the ontological and epistemological standpoints of the researcher, and informed by the theoretical perspective taken, the methodology of a project will define how the phenomenon under

study is to be examined in line with the research aims (Silverman, 2006). Methodology constitutes “the research design that shapes our choice and use of particular methods and links them to desired outcomes” (Crotty, 1998, p. 5). The methodological choices made within this project will be explained below, describing the approaches taken towards studying and analysing the research topic and explicating the rationale behind the choice of methods.

What methodology governed the choice and use of methods?

It was speculated that particular discourses would be disseminated to counselling psychologists over the course of their training, which would affect the ways in which they came to construct values and ethics and the subject positions available to them as a result. In order to explore how counselling psychologists understood and experienced values and ethics in counselling psychology training and practice, the research set about examining how values and ethics were constructed by final year trainees who were about to finish their training. Data from this subject group was therefore required for analysis. Since discourse was conceptualised as the force through which different understandings of values and ethics were constructed and mediated, discursive data was deemed most appropriate for the research to focus on. The rationale behind the methods chosen for collecting and analysing data will be outlined below, before attention is turned towards the methods that were put into practice.

The rationale behind the method of data collection

Since it was the shared knowledge resources and intersubjective meaning-making of counselling psychologists that were of interest to the researcher, an approach to generating and capturing their discussion was sought. The aim was to gain the accounts of final year trainees discussing values and ethics in relation to counselling psychology training and practice so the discursive resources drawn on and the subject positions taken up could be examined. A suitable method for engendering a situation where discussion could take place was therefore needed. Focus groups were chosen as the method of data collection on the basis that they would enable the researcher to gain discursive data from a number of participants at once, which might allow for a number of constructions, subject positions, and subjectivities to emerge. A brief description of focus groups as a method is provided below, giving consideration to the ethical implications of their use, followed by a description of the assumptions

underlying focus group methodology. Details of the focus group method used are outlined under the *Methods* section of this chapter.

Focus groups

Focus groups are a popular interview method for obtaining qualitative data and are widely used in research across the social sciences (Wilkinson, 2008). Conducting a focus group generally involves engaging a small number of people in a carefully planned group discussion that is 'focused' on a particular topic (Kreuger, 1994; Vaughn, Schumm, & Sinagub, 1996; Wilkinson, 2008). Focus groups are used to elicit and explore the perceptions, feelings, attitudes, and ideas of participants in an in-depth fashion, within a permissive, nonthreatening environment (Kitzinger, 1995; Kreuger, 1994; Vaughn et al., 1996). Discussion is usually based around a series of questions constituting the focus group 'schedule', with the researcher acting as group moderator by posing questions to keep the discussion flowing and to encourage participation (Kreuger, 1994; Vaughn et al., 1996; Wilkinson, 2008). The purpose of a focus group is not to build consensus on a topic, rather it is to obtain a range of opinions (Vaughn et al., 1996). Focus groups "provide an opportunity to get a sense of a group's way of thinking and expressing those thoughts, its own language" (Lederman, 1990, p. 126).

Ethical considerations

Interview research, whether group or individual, is filled with ethical issues arising from the complexities of investigating private experience and placing accounts in the public arena (Mauthner, Birch, Jessop, & Miller, 2002). Issues around privacy and confidentiality require careful consideration if safe and non-exploitative participation is to be ensured (Rapley, 2004). Informed consent must be gained from prospective participants prior to participation, making certain that they understand what the research is about, what their taking part will involve, and the extent and consequences of doing so (Kvale, 2007). The nature of the interview and its structuring also requires careful consideration, giving thought to the role of the researcher and how their conducting of the interview might impact participants and what is elicited from them (Fontana & Frey, 2005). Interviews may touch upon issues that are personal, sensitive, and emotionally intense, and the researcher must seek to preserve participants' integrity, safety, and well-being throughout the research process (Kvale, 2007).

The use of focus groups brings with it particular ethical concerns (Smith, 1995). Given the group setting, participants' anonymity cannot be maintained from one another and attention must therefore be given to trying to ensure confidentiality regarding participants' identities and the information shared during discussion, which should not be shared outside of the group. Whilst the researcher's ability to ensure confidentiality is limited due to the group setting, they must instil in participants their responsibility for ensuring confidentiality as part of their participation (Kreuger & Casey, 2009). Participants should also be asked to protect the identity of any individuals, agencies, or organisations they discuss in order to ensure the confidentiality of others. Participants should be advised to look after themselves and others in what they choose to disclose and to maintain safety at all times. It is imperative that the researcher do their utmost to create a safe space in which participants can discuss the research topic without fear of incurring or causing harm. Thus, the group must be moderated to ensure that participants do not make themselves unduly vulnerable, that all participants' contributions are respected, and that discussion does not become hostile or aggressive where differences of opinion occur (Smith, 1995). The moderator must therefore erect and maintain appropriate boundaries surrounding the group to keep it safe, as well as managing boundaries within the group to keep individuals safe.

The moderator must also erect and maintain appropriate boundaries between themselves and participants in order to provide suitable leadership (Liamputtong, 2011) and adequate emotional containment (Lanman, 1998), gaining and honouring participants' trust and fostering a safe relationship for discussion. The nature of the relationship between the moderator and participants, such as whether they are known to each other and how they are positioned in relation to each other, may affect participants and the information elicited from them (Packer-Multi, 2010). The role and style of the moderator may also impact participants depending on how they manage the power they hold as moderator and the ways in which they guide discussion and intervene (Rapley, 2004). In this project, the researcher was known as a fellow trainee counselling psychologist to 70% of participants and it was hoped that this would encourage an egalitarian relationship; facilitating participants' candid thoughts on the research topic without the need for too much direction or intervention from the moderator. Thus, the researcher set out to engender a safe relationship and environment that encouraged participants' sharing of thoughts and ideas with openness and honesty, without fear of punitive judgements or harm. The researcher also sought to ensure that participants were clear on the

rationale for participation, what this would involve, their right to withdraw at any time, and how their information would be treated and used.

Focus group assumptions

Lederman (1990) highlights a number of assumptions underlying the use of focus groups, which are considered below to explicate the thinking behind their use in this project.

- *People are a valuable source of information, including information about themselves, and are capable of being good reporters of the information they have.*

This assumption predicates that people are able to recall and articulate their perceptions and feelings. It assumes that people have the desire and ability to be honest and will share information if asked the right questions. These assumptions are subject to the weaknesses associated with any interview; that people may or may not be willing and/or able to report their thoughts, feelings, and behaviours with accuracy (Lederman, 1990). However, Puchta and Potter (2004) query the very notion of 'accuracy' in relation to the accounts produced in a group. They critique the 'social psychological inheritance' of focus groups, arguing that 'traditional' social psychology is underpinned by the concept of 'attitude', and that attitudes are generally seen as having a number of core features, as detailed in Box 15.

Box 15

The concept of 'attitude' within 'traditional' social psychology

- They are located in the individual where they are subjectively experienced.
- They can be observed in verbal, behavioural, or physiological reactions.
- They are (generally) static.
- Individuals differ regarding their evaluative reactions.
- Reactions can be measured using attitude scales.

(Puchta & Potter, 2004)

Citing the work of Michael Billig (1991), Puchta and Potter suggest that, rather than attitudes existing as fixed entities, people express views in particular contexts and produce evaluations where there is

at least the possibility of argument. Referencing Potter and Wetherell (1987), they suggest that attitudes are performed rather than preformed and the issue of whether individuals accurately report their 'inner attitude' is an incoherent notion. They suggest that attitudes are better viewed as evaluatory practices occurring in interaction with others, rather than as fixed inner constructs. This line of argument suggests the suitability of focus groups for conducting constructionist research. Wilkinson (2008) posits that focus group research conducted within a constructionist framework does not assume pre-existing knowledge located inside people's heads, rather it posits that meaning-making is produced collaboratively over the course of social interactions.

- *People need help 'mining' the information they have.*

Information gathering is thought to be enhanced by a moderator who poses questions aimed towards elucidating information related to the research topic. Openness from the moderator and group members is paramount if an atmosphere is to be created in which people feel free to give their sincere thoughts, feelings, and attitudes, rather than voicing socially desirable responses (Lederman, 1990). Whilst the moderator is typically guided by a schedule of questions related to the topic, flexibility is required to allow discussion to uncover unanticipated yet relevant issues (Vaughn et al., 1996).

- *The group dynamic can enhance the 'ferreting out' of valuable information, fostering honesty rather than socially desirable responses.*

By engendering a permissive atmosphere, a range of attitudes may be cultivated and a more revealing understanding of the discussion topic might be obtained (Vaughn et al., 1996). This assumption rests on the 'therapeutic' assumption that people who share a common issue will be more willing to talk amid the security of others facing the same issue (Lederman, 1990). Group members may feel able to share more honestly with others whom they perceive to be like themselves, rather than those they don't feel could understand them (Lederman, 1983; Merton, Fiske, & Kendall, 1956). Homogeneity in relation to the topic is therefore an important prerequisite for meaningful exploration to take place (Kreuger, 1994; Lederman, 1990; Vaughn et al., 1996).

- *The group interview provides a synergy that results in more than the sum of that which individuals alone could create.*

Group processes may help participants explore and clarify their views in ways that would be less accessible in a one-to-one interview (Kitzinger, 1995; Morgan, 1988): “Individual interviews strip away the critical interactional dynamics that constitute much of social practice and collaborative meaning making” (Kamberelis & Dimitriadis, 2005, p. 902). Focus groups generate interactive data that cannot be gathered in individual interviews. They provide more than multiple, simultaneous interviews, producing “a synergistic output; a ‘voice’ of those who have participated as they intone information which they share; and interactions among the participants” (Lederman, 1990, p. 120). Kamberelis and Dimitriadis (2005) suggest that the synergy and dynamism generated within groups can often reveal unarticulated norms and assumptions, going “beyond the bounds of individual memory and expression to mine the historically sedimented collective memories and desires” (p. 903).

Summary

Focus groups appeared to offer a way of generating rich discursive data. The co-constructive nature of discussion within groups seemed well suited to serving the needs of constructionist research, whereby participants would respond to each others’ contributions, constructing values and ethics amongst themselves, drawing on particular discourses, and taking up particular subject positions. The researcher as moderator would be responsible for engendering safe and confidential discussion, guiding what was spoken about to ensure it was related to the research topic and asking questions to mine participants’ contributions to see what discursive resources were drawn upon when responding. The discursive data produced would be well suited to analysis that could deconstruct what had been said and provide social critique on this basis. Attention is therefore turned towards the rationale behind the method chosen for analysing the data produced by the focus groups.

The rationale behind the method of data analysis

The research aimed to explore the discursive constructions of values and ethics emerging from the talk of final year trainee counselling psychologists in relation to their training and practice. An appropriate method for analysing discourse was therefore needed. Two different types of discourse

analysis are described below, followed by a brief description of Foucauldian discourse analysis, this being the approach considered most appropriate for this project. Details of the Foucauldian method used are outlined under the *Methods* section of this chapter.

Discourse analysis

Discourse analysis constitutes “the study of language-in-use” (Gee, 2011, p. 8). Whilst there are many different approaches to discourse analysis, broadly speaking two major types exist (Gee, 2011; Willig, 2008). Approaches such as linguistics and conversational analysis examine language at a ‘micro-level’ (van Dijk, 2008), looking at “the performative qualities of discourse” (Willig, 2008, p. 95). These approaches examine the structure of language and how this structure functions to make meaning in specific contexts (Gee, 2011). Approaches such as Foucauldian discourse analysis examine language at a ‘macro-level’ (van Dijk, 2008), looking at the role of language in the constitution of social and psychological life (Willig, 2008). These approaches examine the content of language and how discourse is used to construct subjectivity, selfhood, and power relations (Gee, 2011; Willig, 2008). The two types of analysis address different sorts of questions. Micro approaches are primarily concerned with discourse practices (how people use discursive resources within social interactions) whereas macro approaches are primarily concerned with discursive resources (what ways-of-being are made available to people by the discourses available to them). This project aimed to examine the discursive resources available to counselling psychologists when discussing values and ethics, looking at the ways-of-being made available to them as a result. A Foucauldian approach to discourse analysis was therefore chosen.

A Foucauldian approach to discourse analysis

Based on the philosophy of Michel Foucault (e.g. 2000a, 2000b, 2002a, 2002b) regarding power, knowledge, and discourse, Foucauldian discourse analysis focuses on the availability of discursive resources within a given culture, looking at what this implies for those within it. The basic premise is that “the social world and the relations of power that characterize it are determined by the discursive formations that exist at a moment in time” (Phillips, Lawrence, & Hardy, 2004, p. 637). Power is seen as “the capacity to ‘articulate’ and to make those articulations not only stick but become hegemonic and pervasive” (Wetherell, 1998, p. 12). Power serves to make certain articulations of the world more

socially recognisable and acceptable than others within certain contexts. Articulations may exist as accepted representations for some time, as they are perpetuated through peoples' use of them in discourse and adherence to them in practice. Language structures are therefore historical in nature, since they change over time and in their changing shape and reflect social practices (McKinley & McVittie, 2008).

Discourses are intrinsically tied up with social processes that legitimise power through their ability to constrain and control different ways-of-being (van Dijk, 2008; Willig, 2008). Dominant discourses are seen to privilege versions of reality that maintain existing power relations and social structures (Chimbombo & Roseberry, 1998). This 'contextual force' (Pearce & Cronen, 1980) is administered by social structures that propagate discourses which set out a particular social order based on shared meanings. Thus, discourses are not simply conceptualised as ways of speaking or writing but are bound up with social practices, "with ways of organizing, regulating and administering social life" (Willig, 2008, p. 113). The positioning of people within and in relation to social structures is therefore also explored in Foucauldian discourse analysis (Phillips, et al., 2004). Foucauldian discourse analysis examines the consequences of being positioned in certain ways within and in relation to social structures; what people may say and do, how people may think and feel, and the conditions within which different experiences may take place (Willig, 2008).

Critical ideas within Foucauldian discourse analysis

The analysis in this project hoped to shed some light on the dominant ideologies regarding values and ethics in counselling psychology training and practice, as reflected in the language of trainees. The aim was to expose some of the ways in which the structures coordinating counselling psychology training and practice constructed values and ethics for counselling psychologists to internalise, looking at the implications for therapy practice and subjective experiencing. In this respect, the Foucauldian approach taken by this project shared concerns with critical discourse analysis (McKinley & McVittie, 2008), which focuses on "the relationship between a particular discursive event and institutions and social structures that frame it" (Willig, 2008, p.123). Counselling psychology training and practice were seen as 'discursive events', and the relationships between these events and the institutions and social structures coordinating them was to be examined. It was hoped that by

explicating any oppressive structures and practices relating to values and ethics within counselling psychology training and practice they might become subject to challenge and possible change.

Methods

Crotty (1998) defines research methods as “the techniques or procedures used to gather and analyse data related to some research question” (p. 3). Suitable techniques and procedures were therefore required to conduct focus group discussions with final year trainees and to analyse the discourse produced in line with a Foucauldian approach to discourse analysis. Details of the methods used are given below.

Focus Groups

The design and running of a focus group need to be carefully thought out if it is to run smoothly and successfully. The following outlines how the focus groups in this project were designed and run by the researcher. Details will be given regarding the preparation that went into the groups, along with their composition and moderation. The focus group approach will be explained, followed by details of the number of groups, group size, recruitment methods, sample, duration, and setting. Information will also be given on how the focus groups were conducted and transcribed.

- **Preparing for the focus group**

Vaughn et al. (1996) state, “establishing the purpose of the focus group is essential to its success because the purpose lays the ground work for all subsequent decisions” (p. 38). The guidelines in the chapter ‘Preparing for the Focus Group’ (Vaughn et al., 1996) were therefore followed to produce a *general purpose statement* (see Box 16), a *refined purpose statement* (see Box 17), and to set out the *goals of the focus groups* (see Box 18), which paved the way for what took place.

Box 16General purpose statement

The purpose of the focus groups is to explore participants' perceptions, definitions, and attitudes regarding values and ethics in counselling psychology training and practice. The research is particularly interested in the ways in which both concepts have featured as part of training, and how different constructions of values and ethics have affected participants' practice and experience. The research is interested in participants' views on the values and ethics of counselling psychology; what this means to them and how they speak about different values and ethics within counselling psychology when reflecting on their training and practice experiences.

Box 17Refined purpose statement

What the research wants to know:

- The ways in which participants construct values and ethics.
- How participants construct values and ethics in relation to their training.
- How participants construct values and ethics in relation to their practice.
- How participants construct values and ethics in relation to themselves, clients, other therapy stakeholders, therapy theory, counselling psychology, and society.

What the research does not want to know:

- How participants rate different university training programmes in relation to one another.
- Details of specific client case examples.
- Details of case-specific issues regarding members of teaching staff, supervisors, placement or practice managers, peers, or other therapy stakeholders.
- General issues regarding training and practice unrelated to the research topic.

Box 18Goals of the focus groups

- Goal 1 – What are the focus groups being used for?

To generate discussion amongst participants regarding values and ethics in counselling psychology training and practice that can be transcribed and subjected to discourse analysis.

- Goal 2 – What are the specific outcomes hoped for in conducting the focus groups?

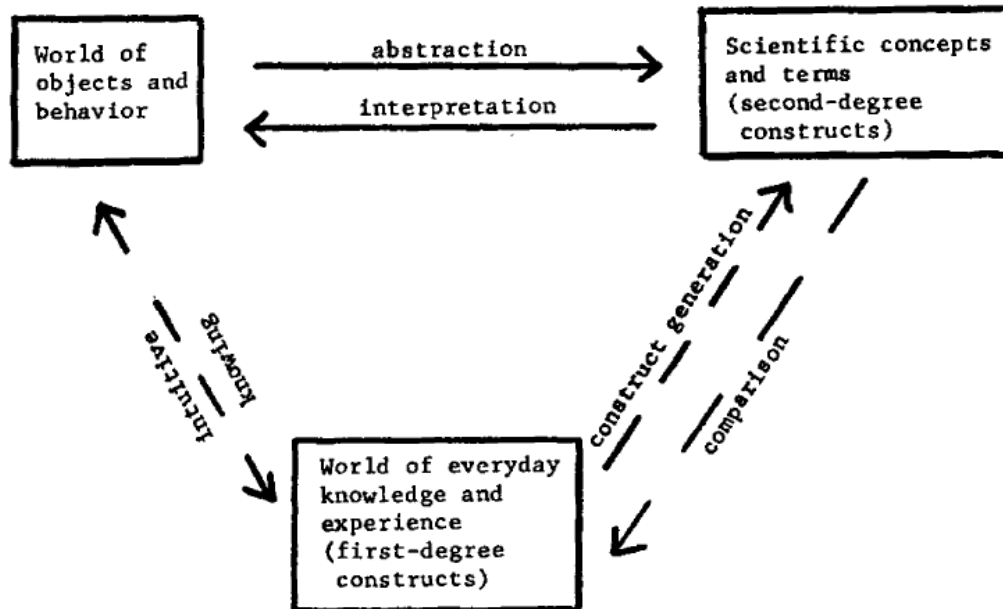
To generate discussion amongst participants that demonstrates the discursive resources made use of when discussing values and ethics in counselling psychology training and practice, and to gain information about the consequences of utilising these discursive resources for their practice with clients and their subjective experiencing.

- **Focus group approach**

Calder (1977) draws on a *philosophy of science perspective* to explore three different approaches to focus group practice that can be utilised to explicate the approach employed by this project. Calder states, “For social scientists the real world is the full physical complexity of objects and behaviors. But the real world is much too complex to be understood in and of itself” (p. 354). As a result, much social science research is built around the process of conceptualisation, which seeks to represent the real world in a simple enough way to allow understanding by producing constructs. However, Calder argues that scientific constructs represent only limited aspects of the world in abstracted form: “If scientific constructs mirrored the full complexity of the real world, one could no more understand science than one can directly understand the real world” (Calder, 1977, p. 354). Based on this assertion, Calder produces Figure 3.

Figure 3

Overview of philosophy of science perspective



(Calder, 1977, p. 354)

Calder asserts that, although scientific explanations have traditionally been heralded as having advantages over everyday explanations because of the supposed rigour of scientific research methods, they should not automatically be deemed superior. Calder suggests that the advantages supposed by scientific explanations are often more assumed than real. The explanatory concepts of everyday knowledge, which Calder terms first-degree constructs, are seen to be based on the social construction of reality: "they are imparted to a person as a consequence of socialization within a culture" (Calder, 1977, p. 355). Second-degree constructs are seen to belong to the realm of science and are supposed to be highly abstract. However, as Calder points out, second-degree constructs are no less a construction of reality than first-degree constructs. Based on this perspective, Calder defines three types of focus group approach, each of which seeks to obtain a different kind of knowledge, as shown in Box 19.

Box 19Types of focus group approach

- *The exploratory approach* seeks to obtain 'pre-scientific' everyday knowledge from participants. The rationale for an exploratory approach is usually that by considering an issue in terms of its everyday explanation, first-degree constructs will be produced that can be subjected to scientific analysis to generate second-degree constructs.
- *The clinical approach* considers everyday knowledge to be misleading as an explanation of behaviour. The explanations people verbalise are thought to conceal the 'actual' underlying causes of behaviour, which are considered to be at least partly hidden or unconscious. The causes of behaviour must therefore be detected through the clinical judgment of a trained analyst by means of scientific interpretation.
- *The phenomenological approach* provides a systematic description in terms of first-degree constructs of participants' experiencing. The phenomenological approach dictates that the researcher has close personal involvement with participants, sharing their experience participatively or vicariously. The phenomenological approach will produce an account of the experiencing of the experience of participants in relation to the focus of discussion.

(Calder, 1977)

The purpose of the focus groups in this research was exploratory, since the aim was to allow participants to generate first-degree constructs relating to values and ethics that could then be subjected to discourse analysis to produce second degree constructs, such as discursive constructions, discourses, and subject positions. In moderating the focus groups, the researcher aimed to encourage participants "to explore the issues of importance to them, in their own vocabulary, generating their own questions and pursuing their own priorities" (Kitzinger, 1995, p. 299). It was therefore important that a relatively open discussion schedule was employed, with limited structured questions coming from the researcher, to allow participants to produce first degree constructs amongst themselves and to avoid the experience being like a within-group survey (Stewart,

Shamdasani, & Rook, 2007). The researcher's stance was investigative and curious, posing questions to elicit participants' views and encourage self-reflection (Puchta & Potter, 2004).

- **Number of focus groups**

Vaughn et al. (1996) suggest there should be an adequate number of focus groups to encompass the range of participants who need to be interviewed to explore the topic in suitable breadth and detail. This will depend on the purpose of the group, the topic of discussion, the diversity of participants' experiences, and the way in which data is to be analysed (Kreuger, 1994; Krueger & Casey, 2009). There should be a sufficient number of groups to allow repetitive themes to emerge, which typically requires between two and four groups (Calder, 1977; Kreuger, 1994; Vaughn et al., 1996). Since the groups in this project aimed to generate exploratory data on a complex topic that was directly relevant to participants, which could then be subjected to discourse analysis, it was important that enough information was gathered to allow a variety of discursive constructions and subject positions to emerge, with the possibility for commonalities to be identified. Four groups were therefore conducted.

- **Group Size**

Opinions vary regarding the 'ideal' size for a focus group, with literature pointing variously to an 'optimal' or 'average' group size of between four and twelve participants (Frey & Fontana 1991; Morgan, 1997; Tang & Davis, 1995; Wilkinson, 2008). Peek and Fothergill (2007) describe their experiences of conducting focus groups of two to fifteen participants as part of three separate projects (Fothergill, 2004; Fothergill & Peek 2006; Peek, 2003). They report that groups including three to five participants ran more smoothly than larger groups and worked better due to time constraints and the amount of information participants wanted to discuss. They recommend that researchers include a smaller number of participants to maximise discussion yet maintain order. Krueger (1994) states, "the size must be small enough for everyone to have an opportunity to share insights and yet large enough to provide diversity of perceptions" (p. 27).

Reviewing a range of focus group literature, Tang and Davis (1995) suggest 'critical factors' to consider include the nature of the research project, the sensitivity and complexity of the topic, the diversity, ability, expectation and needs of the group members, and the group skills of the moderator.

They recommend that, where focus groups are to be exploratory, the researcher should run more groups of smaller sizes in a less structured manner, since the objective is to obtain the maximum amount of information on the research topic. The focus group approach taken by this research was indeed exploratory. Participants were located within the context of the topic and it was hoped they would be able to speak about it at length. The researcher was relatively inexperienced in group skills and wanted to allow discussion to emerge amongst participants as much as possible. A more open schedule was therefore employed rather than a rigorously structured one. It was decided that each group would consist of up to five participants, with five being the desired number. It was hoped that this would be small enough allow the moderator to hear from all participants and maintain control, whilst being large enough to allow for rich discussion to be generated amongst participants.

- **Recruitment**

A number of recruitment methods were employed to gain participants, as shown in Box 20.

Box 20

Recruitment methods

- *Recruitment via university:* The programme administrators at five different universities sent emails to counselling psychology trainees in their final year of study inviting them to participate in the research. The researcher did not have access to these potential participants' details, thus preserving their anonymity.
- *Recruitment via direct contact:* Direct email contact was made with potential participants known to the researcher who were eligible for participation.
- *Recruitment via word of mouth:* Participants were recruited via word of mouth by the researcher and by other participants.
- *Recruitment via the BPS:* The research was advertised on the BPS DCoP website and in an email sent to those subscribing to the DCoP mailing list.

- **Ethical research practice**

Ethical approval to carry out the research project was sought from Roehampton University. An application was submitted giving details of the project and the procedures to be put in place to ensure participants' safety and wellbeing (see Appendix 1). On this basis, Roehampton University granted approval to go ahead with the project and conduct the focus groups (see Appendix 2). Only the researcher had access to recruitment information pertaining to potential participants and those recruited, so as to protect their anonymity and confidentiality. Participants received details of the project and its requirements prior to agreeing to participate. They were asked to read and sign a consent form giving a description of the research project and stipulating the confidential nature of their participation (see Appendix 3).

Participants were assigned a Participant ID on recruitment that was used to identify them on all documentation to ensure anonymity regarding their contributions. Participants were advised that all information relating to them would be treated as strictly confidential by the research team, comprising the researcher, research supervisor, and director of studies, who abided by the BPS Code of Ethics and Conduct (BPS, 2009). Participants were assured that information would not be shared by the research team with others unless this was necessary to ensure an individual's safety. The limits of the researcher's ability to ensure total confidentiality due to the shared group setting were made clear to participants. Participants were told that they had the right to withdraw from the project at any time by notifying the researcher or another member of the research team, either in person or using the contact details provided, and that all information relating to them would be destroyed in this case. On completing the focus group, participants were given a debriefing form providing further information on the project, reiterating their right to withdraw, and offering information on sources of emotional support should they be needed (see Appendix 4).

- **Sample**

Twenty practising final year trainee counselling psychologists were initially recruited from three different universities to form four focus groups: A, B, C, and D. One participant in group D was unable to attend the group on the day, bringing the number of participants in this group down to four and the total number of participants down to nineteen. Sixteen of the participants were female and three were

male. Participants ranged in age from 25 to 51, with an average age of 32. A number of nationalities, races, and ethnicities were represented across the participants, though the sample was predominantly white and half of the participants were British. As part of their training, all participants had been required to participate in therapy, as clients and therapists, to read about therapy theory and practice, to write about it and reflect on it. It is acknowledged that those recruited, whilst being purposive in relation to the research topic, were not necessarily representative of the entire target population.

Kitzinger (1995) suggests that the use of pre-existing groups, or groups in which individuals are already acquainted to some degree, may mean participants are able to relate to and challenge one another more easily. Raibee (2004) states, “when exploring very sensitive and personal issues the use of pre-existing groups might be advantageous, as there is already an extent of trust amongst the members of the group, which will encourage the expression of views” (p. 656). Each group therefore contained participants from the same university. In groups A, C, and D, all participants knew each other. In group B, four participants knew each other; the fifth did not know the other four prior to the group.

- **Duration**

The duration of a focus group will be influenced by the discussion topic, group composition, and number of participants, with focus groups typically lasting around 1.5 to 2 hours (Vaughn et al., 1996). Given the small group size and the parameters of the discussion topic in this project, it was decided that 1.5 hours would be a suitable length of time for each group.

- **Setting**

Focus groups should be conducted at a convenient location that is easy for participants to find and get to (Kreuger, 1994; Vaughn et al., 1996). Focus groups were therefore conducted at the university that participants attended, in a private room away from other people where discussion would not be interrupted or overheard.

- **Conducting the focus groups**

The focus group sessions were devised to incorporate the 'activities' Wilkinson (2008) suggests take place at the beginning and end of a focus group session. It also drew on the 'session guidelines' set out by Litosseliti (2003) and the 'moderator's guide' proposed by Vaughn et al. (1996). The researcher created a focus group schedule and script to assist with briefing participants and running the groups (see Appendix 5). By following this script the researcher ensured that all important points regarding safety and confidentiality were covered before the group commenced. Participants were asked to maintain the anonymity and confidentiality of members of the group, as well as people, agencies, and organisations featuring in their discussion. They were asked to show respect for themselves and others during discussion by considering what they chose to speak about, avoiding making hostile or negative comments about others or their ideas, and ensuring confidentiality by keeping all information within the focus group. Participants were advised that the goal of the groups was not to build consensus and that encouraging others to share the same ideas was unnecessary. It was hoped that pre-existing relationships between participants who had participated in classes, groups, and discussions together on their training course, would create a safe and supportive environment. The researcher monitored participants' involvement and was ready to intervene should a situation arise where individuals were seen to start to become distressed or uncomfortable.

The researcher prepared three questions to facilitate the group discussion, as shown in Box 21. Question 1 was used to get discussion started and questions 2 and 3 were deployed at subsequent points during the focus groups to facilitate further discussion relating to these issues specifically. Other questions were posed by the researcher in response to participants' contributions as each focus group progressed.

Box 21Focus group questions

1. What do the terms values and ethics mean to you in relation to counselling psychology?
2. How do you think your training experiences have shaped your views on values and ethics?
3. How do you think your practice experiences have shaped your views on values and ethics?

- **Transcription**

Transcripts of the focus group discussions were produced by the researcher to contain a level of detail suitable for a 'macro-level' (van Dijk, 2008) Foucauldian discourse analysis to be conducted on them (see Box 23, p. 191, and Appendices A, B, C, and D). Any identifying information given during the focus group discussions was erased from the audio recordings and was not transcribed.

Foucauldian discourse analysis

The transcripts produced from the focus groups constituted the text to be analysed using Foucauldian discourse analysis. Parker (1999) defines 'text' as "any tissue of meaning which is symbolically significant for a reader" (p. 4). Conducting discourse analysis on a text "is not a hard science" (Morgan, 2010, p. 4), rather it is a deconstructive reading and critical interpretation. As a result, there is no strict formal procedure for 'doing discourse analysis' (Morgan, 2010). Foucault (1991) was explicit in his dislike for prescription, stating "I absolutely will not play the part of one who prescribes solutions" (p. 157). Much of Foucault's writing served to disrupt notions of certainty whereby people are told how to be and what to do (Graham, 2010). However, guidelines to Foucauldian discourse analysis are offered by a number of theorists to facilitate the process of analysis (e.g. Kendall & Wickham, 1999; Parker, 1992; Potter & Wetherell, 1987; Willig, 2008). Such guidelines typically lead the researcher through a number of steps that identify and deconstruct the subjects and objects constructed within a text, examining the ways in which discursive constructions reproduce power relations and with what consequences (Morgan, 2010). Whilst guidelines might be criticised as falling into the positivist trap of standardising Foucault's philosophy into a prescribed method, which Foucault's ambiguity strove to avoid, they provide a useful way in to Foucauldian discourse analysis, furnishing the researcher with pointers for what might be attended to. The guidelines followed by the researcher in this project were those offered by Willig (2008), which are outlined below.

- **Willig's (2008) six stages of analysis**

Willig (2008) sets out a six-stage approach to Foucauldian discourse analysis that allows the researcher "to map some of the discursive resources used in a text and the subject positions they contain, and to explore their implications for subjectivity and practice" (p. 115). Willig's six-stage

approach does not constitute a full Foucauldian analysis, as it focuses on isolated texts and ignores “the more fundamental precepts of Foucauldian method, those of power/knowledge, historicity and governmentality, ignoring also the broader ‘issues of meaning’ that make up a particular discourse” (Morgan, 2010, p. 5). It does not venture to include ‘archaeology’ (Foucault, 2002b) and ‘genealogy’ (Mahon, 1992) as Foucault did, which explore the ways in which taken for granted knowledge came into being by attending to the socio-historical nature of different constructions of objects and phenomena (Parker, 1997). Nevertheless, Willig’s approach is informed by the Foucauldian assumption that “no version of the world remains dominant forever because the social construction of reality through discourse is characterized by change and transformation” (Willig, 2008, p. 126). Willig’s approach was seen to offer a useful set of guidelines to mobilise the researcher’s analytic attention. The six stages of analysis are outlined in Box 22.

Box 22

Willig’s (2008) six-stage approach to Foucauldian discourse analysis

1. *Discursive constructions*: This stage is concerned with the ways in which a discursive object is constructed. Which discursive object is focused upon will depend on the focus of the research question. Analysis involves identifying the different ways a discursive object is constructed in the text, highlighting all instances of reference, both implicit and explicit. The search for constructions of a discursive object is therefore guided by shared meaning rather than lexical comparability.
2. *Discourses*: Having identified all sections of the text that contributed to the construction of a discursive object, the differences between constructions are focused upon. The same discursive object can be constructed in different ways and this stage of analysis aims to locate the various different discursive constructions within wider discourses.

(Continues)

Box 22 (Continued)

3. *Action orientation*: The discursive contexts within which different constructions of an object are deployed are then given closer examination: What is gained from constructing the object in this particular way at this particular point within the text? This stage aims to explore what is achieved as a result of constructing a discursive object in a particular way within a particular discourse.
4. *Positionings*: Having identified the various constructions of a discursive object within the text, and having located them within wider discourses, focus is then turned towards the subject positions they offer. Discourses construct subjects as well as objects, making positions available within networks of meaning that speakers can take up as well as place others in. Subject positions offer discursive locations from which to speak and act.
5. *Practice*: This stage aims to map the possibilities for action contained within the discursive constructions identified, exploring the ways in which discursive constructions and the subject positions contained within them open up or close down opportunities for action. By constructing particular versions of the world, and by positioning subjects within them in particular ways, discourses limit what can be said and done. As a result, certain practices are given legitimacy by particular discourses and the undertaking of these practices in turn serve to reproduce and ratify the discourses that legitimate them. Speaking and doing thus support one another reciprocally in the construction of subjects and objects.
6. *Subjectivity*: The final stage explores the relationship between discourse and subjectivity. Discourses make certain ways of seeing and being in the world available; they construct social and psychological realities. Having taken up a particular subject position, a person will see the world through the lens of that position and its associated discursive accoutrements. This stage traces the consequences of taking up various subject positions for participants' subjective experiencing, examining what can be felt, thought, and experienced from within various subject positions.

(Willig, 2008)

The six stages were used to deconstruct the constructions of values and ethics produced by participants in relation to counselling psychology training and practice. The analysis aimed to explore what was implied by the constructions, looking at the ways-of-being made available to counselling psychologists. Particular attention was paid to the role of institutions within counselling psychology, looking at how the dominant discourses purveyed by institutions might constrain action and maintain power-relations. The analytic process was seen as being inherently interpretive and contingent, representing a reading of the text from the ontological, epistemological, theoretical, and ethical standpoint of the researcher (Wetherell, 2001).

Summary

A research project constitutes one value-laden construction of the investigative process, drawing on various other value-laden constructions to substantiate its endeavour. Since the process can always be traced back to the researcher's meaning-making, it might be argued that all research is phenomenological. Lévinas (1998) states, "Out of the thematization of the human, new dimensions are opened that are essential to reflecting meaning [*sens pensé*]. All those who think in this way and seek these dimensions in order to find this meaning are doing phenomenology" (p. 88). Thus, whilst a constructionist standpoint was taken by the researcher in relation to the research topic, the project itself might be seen as constituting the researcher's phenomenology.

The path trodden by the researcher should be viewed with some 'irreverence' (Cecchin, Lane, & Ray, 1993) when regarding the completeness and correctness of its trajectory and the ground covered. Where transparency might be seen in relation to methodology and methods, it is important to notice what is absent from the picture. Whilst a researcher might strive to present the 'elements' comprising their project clearly and transparently, the confusion and chaos present in any research endeavour should not be overlooked. All research hinges on the intentionality of the researcher, which will drive their meaning-making as they appropriate ideas and theories for the purposes of their project. In light of this, Lévinas (1998) disputes the notion of transparency altogether, stating "I do not believe that there is a transparency possible in method. Nor that philosophy might be possible as transparency. Those who have worked on methodology all their lives have written many books that replace the more interesting books that they could have written" (p.89).

Nevertheless, this chapter has attempted to explicate some of the philosophical and methodological resources drawn on by the researcher, which fuelled the approach taken towards investigation. Fundamentally, the constructionist standpoint taken by the project invokes an unending loop of critical and deconstructive thinking that can be reflexively applied to the research endeavour itself, exposing it as little more than a way of trying to distil the flux based on the researcher's terms and conditions (Caputo, 1987). With this in mind, attention will now be turned towards the researcher's attempt at doing just this, which involved conducting Foucauldian discourse analysis on the transcripts produced from the focus groups in line with Willig's (2008) six-stage approach to discourse analysis.

ANALYSIS

Stage 1: Discursive Constructions

The first stage of Willig's (2001) six-stage approach aims to identify discursive objects in the text, looking at how these objects are constructed through language. Since the research did not aim to explore differences across university training courses, the transcribed focus group discussions were considered together as one text. The research was interested in how participants constructed values and ethics in relation to counselling psychology training and practice. Values and ethics were therefore focused upon as discursive objects, identifying all implicit and explicit references to them in the text. Whilst counselling psychology, training, and practice could also have been investigated as discursive objects, the choice was made to foreground values and ethics and to consider them within the discursive context of counselling psychology training and practice.

Values

The term values was seen to be more difficult to understand and define than the term ethics, as illustrated in Excerpt 1.

Excerpt 1

I'm not really sure I understand the word values, I mean I know I think I understand the word ethics but the word value doesn't really, seems for me to unders- to be undst- understandable, erm, I did try to look in the dictionary

(D5, line 2-4)

Values were constructed as the "drives" (C2, line 94), "beliefs" (D2, line 26), or "principles" (C2, line 698), giving rise to perceptions (e.g. A2, line 801-802), "preferences" (A1, line 504), "expectations" (A2, line 540), and "certain behaviours" (D4, line 535). Values were seen to be "intangible and maybe not easy to identify" (A1, line 529-530). Based on these assertions, three discursive constructions of values were identified as follows:

- **Institutional values**

Values constituted a “socially constructed” (D5, line 89) “system” (A3, line 572) of “principles” (A1, line 260), assigning objects and behaviours with particular shared meanings relating to social institutions and practices. Values could be shared on a “micro” (D2, line 31) level, such as “family values” (D3, line 48-49), through to “a macro level in terms of cultural and social” (D2, line 31) values. There was some expectation that people should uphold certain values in certain settings to function effectively as social beings, as illustrated in Excerpt 2.

Excerpt 2

there are cultural, social, legal, you know, err all of these things have particular expectations

(A1, line 688)

People were subject to the values emphasised by different institutions and practices, which were seen to be dependent on “the general zeitgeist of the time” (A1, line 249).

- **Personal values**

Values constituted “an internal motivational set of beliefs” (C2, line 93-94). Values were considered to be “personal” (A1, line 518), “part of us” (C3, line 1621), and “very much part of who I am” (A3, line 589). They were conceptualised as “inner” (D4, line 18), “organic” (C3, line 1687), and “embedded in us” (B4, line 31-32). They were “shaped by your experiences” (C2, line 1635-1636) and “your relationships” (B5, line 368), as illustrated in Excerpt 3.

Excerpt 3

my values are more, I was going to say through my experience ... I think values for me feels more like my kind of lived experience

(B5, line 4-6)

Values were “assimilated” (D2, line 749) and “absorbed” (B2, line 372) through “being with others talking about things” (B5, line 6-7). They were conceptualised as “subjective and personal” (A2, line 808), whilst being contingent on others, such that “they do involve people around me” (D3, line 57).

- **Unconscious values**

Values constituted an “instinctive” (B2, line 35), “innate” (A1, line 530) motivational force underlying human behaviour, as illustrated in Excerpt 4.

Excerpt 4

if I ask what your value instinct is ... how you react ... your values tell you what you feel about it really

(C2, line 1085-1086)

Values were seen to be latent in a person’s behaviour, with values outside their conscious awareness influencing actions, as illustrated in Excerpt 5.

Excerpt 5

I don’t think sort of in the moment I actually think of, this is a value ... it’s looking back and reflecting and thinking, ooh I was actually drawn in there

(D3, line 469-471)

By observing or interacting with another person it was seen to be possible to “get the sense of their values” (A2, line 544).

Ethics

Ethics constituted “something that’s socially constructed” (D5, line 69) that was informed by values – “ethics actually comes from values” (D5, line 445) – and served to “protect and promote those values” (D2, line 112). In some instances values and ethics were seen to be difficult to separate in trying to provide definitions, as illustrated in Excerpt 6.

Excerpt 6

the definition's really important and I still don't know if I can separate them out enough

(C2, line 179-180)

The two concepts were distinguished most clearly based on their relationship with behaviour. The role of values in behaviour was “more fluid and flexible” (B4, line 80) than that of ethics. Ethics were seen as constituting “something more than values” (B2, line 182), deciding what values were to be enacted and what action took place, as illustrated in Excerpts 7 and 8.

Excerpt 7

we're obliged to be ethical, yet the values are maybe more kind of optional in terms of how, how we kind of integrate our beliefs and our own values. With ethics they kind of seem quite rigid to me

(C3, line 23-26)

Excerpt 8

Something about enactment I think, or not depending on, you know, actually yeah, it, it might be about enacting, or not because that might be part of the ethic; that you don't enact

(D2, line 201-204)

Thus, ethical conduct constituted “Something that you have to do, or being cautious about things that you shouldn't do” (B3, line 8). The subject of ethics was conceptualised as “like ethical dilemmas or, so it feels like something I need to think through a bit more” (B5, line 23-24), with particular ethics representing “the right way of doing something” (B1, line 25) or “that kind of idea of what you should be doing” (B5, line 813). Ethics were constructed in personal and professional terms, such that “you have your own ethics ... and then there are the professional ethics as well” (D2, line 183-185). Based on these assertions, two discursive constructions of ethics were identified as follows:

- **Professional ethics**

Ethics constituted the “guidelines, boundaries” (C1, line 9), “principles” (C2, line 698) or “rules” (C2, line 98) comprising an “ethical agreement” (C2, line 104), “code of conduct” (A4, line 49), or “code of ethics” (A2, line 919). The basic purpose of ethics was conceptualised as being to “maintain safety” (D3, line 109) and to “protect self and others” (D3, line 142). The subject of ethics was seen as coming from “the body that governs our profession” (C2, line 958), serving to “guide your behaviour” (C2, line 98) by indicating appropriate and inappropriate actions, as illustrated in Excerpt 9.

Excerpt 9

it's not something we grow up with, it's kind of a particular community makes a set of rules, you know to do something, medical ethics, or psychological ethics, you know to provide any kind of help or work, whatever you call it, so it's very, it's like written rules exactly for this particular community

(D5, line 69-72)

In some instances, ethics and rules were seen to be indistinct from one another, as illustrated in Excerpt 10.

Excerpt 10

I don't even know to be honest what the word ethics means, 'cause I, I mix it up with rules in a sense

(A3, line 655-656)

- **Personal ethics**

Ethics constituted an individual's personal “standards” (C4, line 873) of behaviour and their “moral standpoint” (A1, line 66). The subject of ethics was concerned with “the whole philosophy of what it means to relate to the other” (B5, line 362-363). A person's ethics were seen to be based on their values, such that “my values inform my ethics” (B2, line 2). Thus, a person's values, “things like

respect or ... equality" (B5, line 22), were integral to their ethics. Reciprocally, a person's ethics were seen to influence their values, as illustrated in Excerpt 11.

Excerpt 11

my values inform my ethics, I'm just trying to think if it goes the other way as well, yes it must do

(B2, line 2-3)

Since a person's values were derived through experiences, so too were their ethics. Ethics were seen to vary amongst people, meaning that what was considered to be ethical was "totally subjective" (C5, line 328).

Summary

Three different discursive constructions of values and two of ethics were identified within the text, each offering a different way of thinking about the concepts as discursive objects. Table 1 summarises these discursive constructions.

Table 1

Discursive constructions of values and ethics

<i>Discursive object</i>	<i>Discursive constructions</i>
Values	<ul style="list-style-type: none"> - Institutional values - Personal values - Unconscious values
Ethics	<ul style="list-style-type: none"> - Professional ethics - Personal ethics

Stage 2: Discourses

This stage aimed to locate the discursive constructions within wider discourses. The purpose was to examine the broader implications of participants' talk by looking at the discourses invoked when speaking about values and ethics. Analysis sought to identify discourses at a level of abstraction appropriate to the research topic, without them being too localised and subject to higher-level discourses, or too abstracted and tangential to participants' actual accounts. Participants drew on four discourses to produce the five discursive constructions of values and ethics as follows:

Institutional discourse

- **Institutional values**

By constructing values as the socially constructed principles of institutions, organising behaviour on the basis of shared meanings, participants drew on an institutional discourse about the assumptions, concerns, and vocabularies of socially organised settings and the ways they interact. Institutions were seen to be organised by, and comprised of, people with shared or "common" (D2, line 453) values. Values were seen to vary amongst people, with some being more commonly shared than others, as illustrated in Excerpts 12 and 13.

Excerpt 12

maybe more people share erm a personal value of an abhorrence of err sexual abuse

(D4, line 536)

Excerpt 13

I think no one can have a problem with peace

(C1, line 1542)

Institutions of differing sizes and natures were seen to exist based on different sets of common values held by different groups of people, with each institution having its own assumptions, concerns, vocabularies, and practices, as illustrated in Excerpt 14.

Excerpt 14

maybe it's all about job markets and erm sort of Marxist, capitalist sort of ideas about different groups defining themselves

(D2, line 903-904)

Membership of an institution, or adherence to an institutional practice, was predicated on an individual subscribing to its values, which were often seen to be formalised into a “code of ethics and values” (A1, line 919) that governed members’ behaviour.

- **Professional ethics**

By constructing ethics as the guidelines and rules “tied up with a profession” (C2, line 924), which served to protect and promote that profession’s values, participants drew on a discourse about professions as institutions with institutional practices. The subject of ethics was conceptualised as “something that belongs to a professional context with consequences for me as a professional” (C2, line 927-928). Having a code of ethics was seen as being integral to the constitution of a profession, as illustrated in Excerpt 15.

Excerpt 15

I think all professions have to have an ethical framework, an ethical code, erm to protect self and others where, wherever you work and I think in all professions there are ethical codes, I think that's what partly makes a profession

(D3, line 141-143)

Each profession was seen to be governed by a “professional body” (C2, line 1077) responsible for coordinating “a kind of external set of beliefs, rules, etc. that’s supposed to guide your behaviour” (C2, line 97-98). These beliefs or rules constituted “things that you’re in a way, you are told to, to do” (B3, line 9-10). Where rules were broken, the body and/or its associated institutions “could dish out punishments” (D4, line 1272). Ethical conduct was therefore concerned with “my professional duty and responsibility” (C4, line 238), with a professional’s primary responsibility being to ensure safe

practice; to “maintain safety again in a way whether it’s self-protection or protection of others” (D3, line 109-111).

Humanistic discourse

- **Personal values**

By constructing values as constituting a person’s developmentally derived belief system, driving their behaviour, participants drew on a humanistic discourse emphasising the implicative force of individuals and their capacity for growth in relation to conditions of their environment, as illustrated in Excerpt 16.

Excerpt 16

people are good and the only reason why they’re doing bad things is because there was a difficult experience, they were hurt, they were, erm you know, they’re, they’re, they’re harmed in some way

(A3, line 878-881)

Having values was considered fundamental to “being human” (B4, line 1138), such that “we’re not machines, we’re not robots” (C2, line 1629). A person’s values constituted their “lived experience” (B5, line 6), meaning values were “learned” (B2, line 372) and “developed” (C2, line 633) through one’s “subjective experience” (A2, line 359) of “being with others” (B5, line 6); “they will just develop and grow” (C3, line 1688). Values were predicated on a person’s “background” (D3, line 473) and “upbringing” (D3, line 49), making people “unique and different” (D2, line 965), each person having their own “value-system” (D2, line 242). Values were integral to a person’s “identity” (C5, line 1291) and sense of “self” (C3, line 266). People were seen to make choices “based on what appeals to me or what I value” (D4, line 695-696), resulting in a hierarchy of values for each person, ranging from those that “aren’t as important for you” (B2, line 697), to “fundamental” (C4, line 40) or “core ones” (A1, line 523) located at a “deeper level” (C4, line 56). Fundamental or core values were considered “final” (A2, line 782), these being values that “there is no crossing” (A2, line 783).

- **Personal ethics**

By constructing ethics as the standards of a person's behaviour, participants drew on a humanistic discourse regarding one's "responsibility about being with another human being" (D2, line 273-274) and "the position you take to another human being" (B5, line 95-96). Central to this were notions of "trust and respect" (B1, line 127) and the premise that one should treat others as one would like to be treated: "do as you will be done by" (B1, line 383). Since a person's values were conceptualised as subjective and idiosyncratic, so too were a person's ethics, making it "hard to define and say that was unethical" (B4, line 1070). People were seen to be responsible and accountable for their actions, the ethics of which were subject to interpretation. Ethics was therefore seen as being "a vague subject" (C5, line 312) and "a grey area" (C2, line 465) that was "totally subjective" (C5, line 328).

Psychodynamic discourse

- **Unconscious values**

By constructing values as constituting an unconscious motivational force that was latent in a person's behaviour, participants drew on a psychodynamic discourse about the relationship between conscious and unconscious motivation. As in psychodynamic therapy, a person's behaviour could be explored to discover "what it's really about" (B1, line 785) in terms of the unconscious values underlying it. It was suggested that, by "looking back and reflecting and thinking" (D3, line 471), we can "make our unconscious values conscious so that we are more aware of it" (A4, line 940-941).

Moral discourse

- **The right or wrong of values and ethics**

By constructing ethics as constituting "the right way of doing something" (B1, line 25) based on a person's values, participants drew on a moral discourse about "right or wrong" (C4, line 813). Values and morals were seen as being similar in nature – "I can't really see a difference between morals and values" (C3, line 807-808) – whilst ethics were concerned with "behaving the right way" (B1, line 812) on the basis of having "good values" (D3, line 474).

Summary

Participants drew on four discourses to produce the five discursive constructions of values and ethics identified in Stage 1. Table 2 summarises the discourses identified and shows how they related to each of the discursive constructions. The moral discourse was used to speak about right or wrong in relation to constructions of values and ethics across discourses.

Table 2

Discourses drawn on to produce discursive constructions of values and ethics

<i>Discourses</i>	<i>Discursive constructions</i>
Institutional discourse	- Institutional values - Professional ethics
Humanistic discourse	- Personal values - Personal ethics
Psychodynamic discourse	- Unconscious values
Moral discourse	- The right or wrong of values and ethics

Stage 3: Action orientation

This stage involved closer examination of the discursive contexts in which different constructions of values and ethics were used. Through the research question, ‘counselling psychology training and practice’ was introduced to participants as the overall discursive context. Broadly speaking, within this context, values and ethics were conceptualised as “the very foundation ... of what it is to be a counselling psychologist” (D2, line 1208-1209). They were seen to play “A very large role” (A1, line 898), with values constituting “the basic, basic, basic principles” (D5, line 1213) and ethics providing “a structure to work in ... in terms of how we work with others and the responsibility that we have in working with other people” (C3, line 4-5). On this basis, analysis set out to examine the more specific effects with which different constructions of values and ethics were deployed within the discourses identified in relation to counselling psychology training and practice.

Institutional discourse

- **Counselling psychology as a professional institution**

By constructing values as the socially constructed principles of institutions, including professions, values were seen as the principles organising counselling psychology as a profession. Common values were therefore seen to exist amongst counselling psychologists, meaning “everyone who’s going into this profession should have some common personal values” (D5, line 446-447); “We do have a common profession, we do have a common value” (D2, line 453). Participants described being attracted to counselling psychology based on their values, such that “my values did kind of drive me towards this ... career” (C3, line 73-75). Common values within counselling psychology were seen to be predicated on those of broader social institutions, as illustrated in Excerpt 17.

Excerpt 17

I’m learning counselling psychology in England with their values, erm, which I tend to share because of a kind of a shared history to some extent and because I’m here learning it but I, I am very aware of the fact that if I had to go to Africa let’s say to do therapy or whatever, the concept would completely change

(A3, line 579-582)

Counselling psychology was seen to have “values that are okay to be part of the profession and there are ones that aren’t” (C1, line 1541-1542), with counselling psychology’s “professional body” (C2, line 1077) formalising those that should be common to counselling psychologists into “a very strict kind of code of ethics and values that we adhere to” (A2, line 919-920). Counselling psychology’s ethics were seen to be synonymous with “BPS guidelines” (B1, line 30), as illustrated in Excerpt 18.

Excerpt 18

the BPS err code of conduct and ethics, err where it’s kind of clearly written how erm psychologists don’t want, you know, what you should look out for and what’s important, and to kind of adhere to the standards, for example when we do research or when we are with clients, so that was the first thing that came into my mind when I heard ethics

(A4, line 49-52)

By constructing ethics as “this set of rules” (C2, line 275) that “seems external to me” (C2, line 275), ethics were seen as “belonging to the body, whoever that body is, it was BPS in year one, now it’s HPC” (C2, line 956). Thus, participants abdicated responsibility for deciding the nature of the ethics involved in their practice, which were seen as “something they put on me” (D5, line 78) rather than ideas or standards that were self-generated. Ethics were seen as applying to the behaviour of counselling psychologists rather than clients, as illustrated in Excerpt 19.

Excerpt 19

ethics don’t apply to clients but that just shows how I’m understanding and interpreting ethics, I’m seeing it as something that belongs to a professional context with consequences for me as a professional

(C2, line 926-928)

Ethics were seen as serving to “help guide us” (C1, line 1680) and existed “For safety” (D3, line 73) to avoid people coming to harm. Ethics were conceptualised as important protective factors for counselling psychologists, clients, and the profession itself, as illustrated in Excerpt 20.

Excerpt 20

it’s so important that we are ethical, I think it protects us, it protects the client, it protects the profession and whatever service we work in

(C3, line 617-618)

The values and ethics underlying counselling psychology were seen to be drawn from a range of theoretical models and epistemologies, providing “different models of thinking” (A1, line 276), with “different values and boundaries and things like that between different models” (A2, line 723-724). Broadly speaking, counselling psychology was seen to be constructed around two epistemologies, a “scientist side” (B2, line 1184) and a “humanist side” (B2, line 1184). Counselling psychology’s ‘scientist side’ was founded on the values of “theory and research” (D4, line 892), constituting “the psychology part” (D4, line 889) of its identity, which was concerned with “evidence” (D4, line 971) and “generalisability” (D2, line 957). Counselling psychology’s ‘humanist side’ was founded on person-

centred values concerned with the importance of “subjective experience” (A2, line 359), “valuing difference” (D4, line 741), assuming a “non-judgemental stance” (A1, line 704), and “not imposing your own beliefs” (A3, line 725-726). The values of both epistemologies were institutionalised to some degree, through their formalisation into directives stating how counselling psychologists should behave, as illustrated in Excerpts 21 and 22.

Excerpt 21

I have to work in a certain way, erm, according to what the evidence says

(A1, line 245)

Excerpt 22

that humanistic rule of counselling psychology, of not imposing your own beliefs, is quite an important one

(A3, line 725-726)

- **Universities as institutions of teaching, learning, and assessment**

Values and ethics within the university were seen to be based around teaching, learning, and assessment, in accordance with “institutional requirements” (A1, line 69) stipulating “what you have to show and do” (A1, line 256) “within the learning outcomes of your training” (A1, line 258-259). Values and ethics were conceptualised as being “taught” (A1, line 237) through “teaching” (B5, line 326). They were seen to feature at a “philosophical” (B2, line 346) “higher level” (B5, line 358), focusing on “the thinking around what the models are trying to say or why they’re you know, their argument ... how you are with a client ... your way of being” (B2, line 353-355), and at a more “practical” (B2, line 345) level, focusing on “practical application” (D2, line 1125), whereby participants “had lectures on storage of material and things like that” (B2, line 342). In some instances, values and ethics were conceptualised as having been “explicit” (B2, line 357), as illustrated in Excerpt 23, whilst in others they were conceptualised as having been communicated through “a lot of unspoken messages” (A2, line 820), as illustrated in Excerpt 24.

Excerpt 23

I feel that ethics and values have been quite explicit all the way through our course

(B2, line 355-357)

Excerpt 24

where do you hear these kind of boundaries and rules well, you know what some things we've not actually been told there's, there's an unspoken let's say, you don't talk about what happens in your, with your clients with anyone outside. Well who really said that you can't go and share, I know that there's a thing confidentially but who said within your, say your family, that you can never go to your family and tell them, oh I had a really upsetting experience, someone was talking about being abused. Who said that?

(A2, line 821-826)

Teaching was seen to provide trainees with initial guidance on values and ethics within counselling psychology, along with language to speak about the subject, which was seen to be “really useful ‘cause we needed some kind of guidance or otherwise we were just floundering” (B5, line 327-328); “the university really helps us name things ... gives us language or discourses or narratives” (D5, line 1080-1081). Some participants, however, described an absence of teaching about values, as illustrated in Excerpts 25, 26, and 27.

Excerpt 25

I don't recall much about values

(C3, line 626)

Excerpt 26

nothing on internal values, nothing on how to develop an internal supervisor, nothing on how to use your own moral compass

(C2, line 637-638)

Excerpt 27

I learned almost nothing from my training about values

(B1, line 620-621)

In such instances, trainees' were seen to have developed their understandings of values pertaining to counselling psychology on another course (e.g. C2, line 633), through personal study (e.g. D3, line 733), or through interactions with supervisors, colleagues, and on placements (e.g. B1, line 625-627), as illustrated in Excerpt 28.

Excerpt 28

I think I learned more in the placement than I did here, erm, within, within the uni, erm because I don't think at the time that our teaching was partic- particularly great, erm, so there it was, it was more working in that placement over time and yeah learning, learning myself, updating through books, whatever, erm and being with that client and working with that client but it didn't come in, the training here didn't particularly come in to that

(D3, line 730-734)

The subject of values was therefore given consideration by participants over the course of their training but was not part of teaching within the university, as illustrated in Excerpt 29.

Excerpt 29

it's stayed on the agenda for me, but I don't think that's as a result of anything university's done per se, I think a lot of the, the good stuff I've got out of placements is the placement and the supervisor

(C2, line 837-839)

Where particular values and ethics were seen to feature in training, the extent to which they were taught and modelled in line with humanistic theory was seen to vary. The humanistic ideas being taught were not necessarily reflected in the approach to teaching, as illustrated in Excerpt 30.

Excerpt 30

a certain lecturer at this course as well always kind of banged into us that erm, with the training, that kind of model comes second and relationship and connection and that comes first

(B4, line 544-546)

In some instances, teaching within the university was conceptualised as “just throwing knowledge at us” (B3, line 583), allowing little space for discussion and reflection, such that participants felt that “all these things could be discussed more thoroughly on erm, on this training” (B3, line 956). In other instances, there was seen to have been “an opening up emphasis, rather than sort of, this is how it’s done” (D4, line 883-884), which “created a lot of space for us to be able to discuss freely” (A3, line 910).

- **Placement organisations as institutions of training and practice**

Placement organisations represented another group of institutions responsible for coordinating counselling psychology training and practice in line with particular values and ethics. Different organisations were seen to have their own values and ethics that trainees were required to follow, which were “completely determined by the context” (C2, line 538) in which practice took place; “what I can do and I can’t do ethically” (C2, line 539-540). The values and ethics involved in trainees’ placements were also seen to be contingent on those emphasised and enforced by supervisors and organisational staff members, as illustrated in Excerpt 31.

Excerpt 31

it just showed me how much your supervisor can impact, kind of the value placed in your supervisor, them as the expert you know you’re really wanting to take their advice and guidance

(A2, line 311-313)

Humanistic discourse

- **The idiosyncratic nature of human beings**

The unique, individual nature of human beings within a humanistic discourse meant all parties involved in counselling psychology training and practice were seen to have their own values and ethics, which were variously in accord with one another's. Counselling psychology was seen to be concerned with recognising the idiosyncratic nature of each person and responding openly and flexibly to their values: "valuing diversity and erm, that each person's different, valuing difference" (D4, line 740-741). The 'humanist side' of counselling psychology was seen to privilege a client's unique subjective experience above generalisable textbook understandings of people. This was seen as a central tenet of counselling psychology's humanistic epistemology: "Start with the person, the individual and their context. That for me is the primary one" (B2, line 656). Within counselling psychology, "humanistic values, the core values of the importance of the person" (A1, line 269) were "very much emphasised" (A1, line 269-270). These values were associated with the practice of "counselling or healing" (A3, line 193), centring on "the human to human relationship" (B5, line 101-102), which provided "that base from where you heal" (A3, line 198-199). The institutionalisation of values and ethics was therefore seen to be unhelpful – "sometimes it I don't think it does help" (D3, line 134) – since counselling psychology's "fickle guidelines" (C2, line 1083) were deemed "so vague that anything you could do seems to be potential to get you into, into deep shit" (C2, line 307-310). Professional guidelines were seen to be of limited use on the basis that "you can't account for every possible scenario" (C2, line 527); "I don't think it's possible to have an, set of ethical guidelines to cover everything" (C2, line 545).

- **Assimilating and absorbing values and ethics**

Values and ethics were seen to develop and evolve through a person's subjective experiences, meaning they could not be taught and learned "in a sort of bullet point you know sort of points way" (B5, line 367); "you can't teach it per se" (C2, line 830). Instead they were "assimilated" (D2, line 749) and "absorbed" (B2, line 372), as illustrated in Excerpt 32.

Excerpt 32

it's felt more, that I've assimilated and integrated things that have been far more, you know values and ethics around counselling psychology from lots of different, lots of different places, which are harder for me to, to grasp if that makes sense, in the sense of where that actually comes from specifically

(D2, line 748-755)

Values and ethics were “taken on more implicitly” (B5, line 329) through “the doing and the interacting” (B5, line 375) with others, such as “supervisors, lecturers, colleagues” (B5, line 329-330), who “modelled” (B1, line 644) particular values and ethics. This process was described as “implicit learning” (B2, line 380). Experiential components of training were seen as the most useful aspects for developing values and ethics, as illustrated in Excerpts 33, 34, and 35.

Excerpt 33

what's much more important has just been what I've taken on more implicitly from supervisors, lecturers, colleagues here, just how they, how they are, what they think is important and it feels much more erm, yeah just kind of gradually absorbing that from, from people how they are rather than what they, what this particular lecture did, said that we did

(B5, line 328-332)

Excerpt 34

personal therapy is a flipping gem ... at the start I was thinking yeah I'll just do the thirty, forty hours whatever it is and it'll be a breeze and I'll just talk about blah blah blah, but actually that's probably been the space where I've explored values and conflicts

(C2, line 724-735)

Excerpt 35

experiential group was quite interesting from that point of view. It was my first experience of group at all and you, you know I learned a lot very quickly about how I wanted others to behave with me ho- what in turn therefore I, how I expected to behave with them in terms of like confidentiality and respect and, erm, yeah in terms of implicit learning I think that was really important for me

(B2, line 377-381)

Trainees felt they developed their own understandings of the values and ethics taught by the university through their practical experiences with clients, as illustrated in Excerpt 36.

Excerpt 36

they've set a framework ... then you apply those in your practice as you get more experienced, 'cause for me it's in practice where I've worked these things out

(B1, line 1248-1249)

The duration of training was criticised for not allowing participants enough time to develop values and ethics through experience, instead focusing on the acquisition of knowledge, as illustrated in Excerpt 37.

Excerpt 37

it was three years and it feels now it's not enough in terms of experience, in terms of knowledge or information maybe it's too much you know, but in terms of experience, and it's kind of, because you can experience something but you need time to process this, and this is what for me wasn't enough, and obviously I still have a life outside our profession etc. etc. but maybe I would like more time ... I'd probably think that this programme should be about five years, just for processing things

(D5, line 1085-1092)

- **Becoming a counselling psychologist**

Trainees' values and ethics were seen to have changed to varying degrees over the course of training. In some cases they were seen to have been "shaped as a result of this training course" (C4, line 35-36), leading participants to ask "do we become slightly different people?" (D3, line 994); "Perhaps we create a new narrative for ourselves" (D2, line 1006). In other cases, training was not seen to have changed their values and ethics but stimulated reflection, as illustrated in Excerpt 38.

Excerpt 38

I'm not saying that my values have changed or I was different, I had different values, but I think it made me think a lot on a deeper level about my fundamental values and also yeah the ethics of my work

(C4, line 53-58)

On the whole, training was seen to have brought trainees closer to their values, highlighting what was important to them, as illustrated in Excerpts 39 and 40.

Excerpt 39

sometimes this course even also brings, reaffirms and brings you closer to your own values

(C4, line 818)

Excerpt 40

it really makes you work out what's impo- what, what really matters, what ones you're sort of more flexible on or aren't as important for you

(B2, line 696-697)

Psychodynamic discourse

- **Making unconscious values conscious**

By constructing values as constituting an instinctive, unconscious force underlying human behaviour, values were seen to be latent in the actions of counselling psychologists and clients. Training was conceptualised as being helpful in making “our unconscious values conscious” (A4, line 940). Trainees were set exercises geared towards raising conscious awareness of their values, as illustrated in Excerpt 41.

Excerpt 41

we did an exercise here ... you know, erm about our own personal values and we had like maybe a hundred values to pick from and you're, you know, kind of looking through and trying to think, well what the hell are my values, you know?

(A1, line 517-520)

Becoming aware of one's values was seen as a complex task, since “they're not always so easy to identify or, or know, or be aware of” (A1, line 524). Clients' unconscious values could be inferred from the material they presented in therapy, as illustrated in Excerpt 42.

Excerpt 42

I would expect or assume or learn from my clients with what they bring whether, where their values, or in terms of boundaries and expectations and values of life let's say in working with a client, if I was working with a client with erm, who enters into abusive relationships, well that tells me something about her values

(A2, line 538-542)

They could also be deduced from the way a client interacted with the counselling psychologist, as illustrated in Excerpt 43.

Excerpt 43

you pick up things from clients about the way they like to behave, like even from the first telephone call when you're booking the appointment

(B2, line 399-401)

In both instances, values were seen to feature implicitly rather than explicitly, as illustrated in Excerpt 44.

Excerpt 44

I'm not necessarily thinking about whether my client has the value of wisdom or the value of, but I would expect or assume or learn from my clients with what they bring

(A2, line 537-539)

Participants were seen to “get a sense” (A2, line 536) of clients’ values “in a kind of un-, non-explicit way” (A2, line 536-537), rather than asking about them directly. This ‘sensing’ was analogous to the process of decoding transference feelings to gain an understanding of a client’s experiencing, described by one participant in Excerpt 45.

Excerpt 45

I had a client who err, he- I realised pretty early on that we had different values of erm, of relationships and of erm the role of men and women in a, in a marriage, erm, so I had to sort of process that, how to, yeah how to respect his, erm, his values about that, which were influenced by his cultural background, erm, that was an interesting client because I think it was also complicated, I had a very strong, to use a psychodynamic term, a psy- a countertransference with him

(D4, line 392-396)

- **Separating values and ethics from therapy models**

The ideas contained in therapy models were differentiated from values and ethics based on the suggestion that “it’s not about ethics it’s about approaches” (C1, line 1154-1156). By separating values and ethics from therapy models, participants distanced themselves from the prospect of making value judgements about clients: “I’m not sure judged is the right word here” (D5, line 627); “it’s a label of feelings, it’s not a judgement” (D5, line 604). Whilst it was acknowledged that “there’s a err implicit value in, in each decision we make” (D4, line 632), it was emphasised that decisions made in practice were not judgements of a client’s whole life, as illustrated in Excerpt 46.

Excerpt 46

I don't know this person for long time, so I base it on what's going on right now between him and, or her, and me, and I'm definitely not gonna applying this to whole his or her life because I have no idea, it's just this particular moment

(D5, line 649-651)

A counselling psychologists’ response to a client was not seen to be made on the basis of personal value judgements, as illustrated in Excerpt 47.

Excerpt 47

I'm not in a court, I'm not a judge there ... I'm in a different role, erm I choose a different profession, I'm not there to explain or to see, it's right, it's wrong, this is not my duty and it's not what I wanna do in this world, you know, in front of me is a person with his own, you know, understanding, his own problems, his own issues etc. etc. etc. whatever is there, and I don't really question, do I like it or not, this is not why I'm there

(D5, line 546-555)

Instead, decisions were made on the basis of different concepts within therapy models, such as countertransference within a psychodynamic model, which was seen as a separate process to that of making decisions based upon values, as illustrated in Excerpts 48 and 49.

Excerpt 48

I'm not thinking in terms of values or judging. I am working with feelings most of the time but I think I predominantly work psychodynamically

(D5, line 592-593)

Excerpt 49

I found it very difficult to work here because of these countertransference feelings etc. etc. but this is not question of values or ethics

(D5, line 556-559)

Moral discourse

- **Objective morality in an institutional discourse**

Within the institutional discourse, right or wrong was seen to be determined by the professional body and its associated institutions on the basis of whether thinking and behaviour was in accordance with professionally approved values and ethics, as stipulated by professional guidelines and counselling psychology's theories and research. Counselling psychologists' therapy practice was judged to be correct or incorrect based on these terms, and was seen to be wrong wherever it strayed from following institutional values and professional ethics and had the potential to cause harm to others, especially clients, as illustrated in Excerpt 50.

Excerpt 50

I guess there are certain things that are quite clearly highlighted in terms of not having a romantic relationship with your client, that's, you know obviously if you do that then, then you're not in a good place

(C4, line 350-356)

In light of guidelines stipulating correct practice, counselling psychologist's had to be able "to justify your work" (A1, line 253), showing that they had acted in "the best interests of the client" (C2, line

933). Where guidelines were contravened without justification, it was suggested that “there are serious consequences” (C2, line 596), whereby punishment would be incurred from counselling psychology’s institutions. Counselling psychology’s theories and research also intimated what might be considered right or wrong in terms of thinking or behaviour amongst clients by setting out what was valued as mental health, as illustrated in Excerpt 51.

Excerpt 51

you have different models of thinking like the medical model, you know which may be more symptom-based or, err, I guess pathologising

(A1, line 276-277)

The code of professional values and ethics explicitly judged clients’ behaviour to be wrong where it was seen to have the potential to cause harm to themselves or others, as illustrated in Excerpt 52.

Excerpt 52

there are final ethical or values that are just there is no crossing, so one of them would be self harm or harm to others as we say in your first session, that would be something straight away breaches our confidentiality

(A2, line 782-784)

- **Subjective morality in a humanistic discourse**

Within the humanistic discourse, right or wrong was determined subjectively on the basis of whether something “Stood up to your values” (C5, line 815). A person was seen to “have a sense of wrong or right ... where you lose your curiosity about the other person’s perspective or erm value” (A1, line 709-10), which was determined by their conscience, as illustrated in Excerpt 53.

Excerpt 53

my conscience will only kick in if I feel I’ve bent a r- if I feel I’ve done something wrong, or haven’t managed it in a way that I could be proud of

(B2, line 928-930)

A person's sense of right or wrong was subjective and "trans-theoretical" (A1, line 713), meaning it was not determined by the values and ethics extolled by different theoretical models or institutions, as illustrated in Excerpt 54.

Excerpt 54

I would still struggle with charging someone just because some kind of strongly held belief by most other people, I don't think it's gonna be in a kind of ethical, under any kind of ethical guidelines, yes you must charge, but, so I think it's a different kind of thing and that's why I think it doesn't matter, that would be my values, that I think that would be wrong

(C1, line 1121-1129)

Thus, a person may interpret their own behaviour and others' as right or wrong on the basis of their personal values and ethics, as illustrated in Excerpts 55 and 56.

Excerpt 55

for some people I think the idea of treating someone according to the medical model would just be sort of ethically wrong, erm, like the position you take to another human being that's a kind of ethical thing isn't it

(B5, line 94-98)

Excerpt 56

I had a cli- a client who erm was talking about erm in all her relationships she's been cheating, so I know that, myself I think that's extremely unhelpful for a relationship and you can't possibly be in a good trust, unless you're in an open relationship which she wasn't in, that my personal value is that's so destructive for yourself

(A2, line 785-788)

Since a person's values and ethics were seen to be subjective, right or wrong was seen to be interpretive and open to debate, meaning each person had their "own ethical and moral standpoint" (A1, line 66).

Summary

Participants deployed the different constructions of values and ethics identified in Stage 1 within the discourses identified in Stage 2 to various effects when discussing both discursive objects within the context of counselling psychology training and practice. Table 3 summarises the different action orientations of each discourse.

Table 3

Action orientation of discourses

<i>Discourse</i>	<i>Action orientation</i>
Institutional discourse	<ul style="list-style-type: none"> - Counselling psychology as a professional institution - Universities as institutions of teaching, learning, and assessment - Placement organisations as institutions of training and practice
Humanistic discourse	<ul style="list-style-type: none"> - The idiosyncratic nature of human beings - Assimilating and absorbing values and ethics - Becoming a counselling psychologist
Psychodynamic discourse	<ul style="list-style-type: none"> - Making unconscious values conscious - Separating values and ethics from therapy models
Moral discourse	<ul style="list-style-type: none"> - Objective morality in an institutional discourse - Subjective morality in a humanistic discourse

Stage 4: Positionings

This stage looked at the subject positions offered by different discursive constructions of values and ethics within the context of counselling psychology training and practice. Since participants were trainee counselling psychologists, analysis focused on their positionings as counselling psychologists in training and practice within different discourses. Within the institutional and humanistic discourses, participants invoked the moral discourse to speak of right or wrong in ways that were contextual to these discourses. The positionings offered by the moral discourse in terms of right or wrong were

therefore considered within the context of the institutional and humanistic discourses, rather than looking at participants' positionings within the moral discourse separately.

Institutional discourse

- **Professionals subject to professional values and ethics**

The institutional discourse positioned counselling psychologists as professionals who were subject to upholding the values and ethics of the counselling psychology profession, as illustrated in Excerpt 57.

Excerpt 57

you take that professional role on and you're meant to be seen, if someone looks at you that's what they will see, they will see that professional, the counselling psychologist, and you're meant to uphold the values and ethics

(C5, line 1348-1353)

Participants were positioned as having values and ethics "forced upon us" (C3, line 1688) by "some faceless body that will dictate how we're meant to be" (C3, line 1616-1617). Clients were also subject to counselling psychology's values and ethics, which counselling psychologists' were required to uphold in their practice with them, as illustrated in Excerpt 58.

Excerpt 58

what am I gonna do if there's a legal requirement you know, to say this is not right or, you know with risk and safety as well, erm there are ethical, there are cultural, social, legal, you know, err all of these things have particular expectations, guidelines, rules, like with some there are fewer boundaries, wherever you're from this is where you are, there's, this is the culture, this is the law and I have a requirement according to that law to do certain things if you tell me about these things or I become aware of them

(A1, line 684-691)

A counselling psychologist was positioned as “a social control agent” (A1, line 684), since practice involved bringing about some degree of alignment between clients’ values and those ratified by counselling psychology’s institutions. Counselling psychologists were placed in a position of “responsibility” (C3, line 5), with an obligation to protect clients from “self-harm or harm to others” (A2, line 783). Clients were positioned as “the person who is vulnerable, very vulnerable” (B3, line 1153-1154). Clients were positioned as a potential danger to themselves, as illustrated in Excerpt 59.

Excerpt 59

I had another client who was quite impulsive, wanted to go to the tube line, wanted to kill herself

(C5, line 1262-1263)

Counselling psychologists were also positioned as a potential danger to clients, as illustrated in Excerpt 60.

Excerpt 60

you don't have sex with your clients, right? You know people do, unfortunately

(A1, line 701)

Clients were positioned as a potential danger to others, including counselling psychologists, as illustrated in Excerpt 61.

Excerpt 61

there was this one lady who got stabbed to death in her private practice by a client

(B4, line 289-290)

Counselling psychologists were also positioned as a potential danger to themselves, in terms of acting in a way that might incur punishment from the profession’s governing body, as illustrated in Excerpt 62.

Excerpt 62

I better be careful what I write you know under this person's picture you know or, or if I make a comment here on, on my status I'm, you know, what, what if someone sees it and reports it to the HPC

(C4, line 1474-1476)

Within the institutional discourse, the moral discourse positioned counselling psychologists as subject to institutional interpretations of right or wrong, as illustrated in Excerpt 63.

Excerpt 63

I definitely took some rules as more straight down the line this is just, you know you cou- you, there's no flexibility, you cross that you're wrong

(B2, line 892-894)

They were positioned as subject to punishment from the professional body should their behaviour be found to have contravened professional ethics, as illustrated in Excerpt 64.

Excerpt 64

with the HPC if you, if you break any ethics then you'll be struck off

(D4, line 1263-1266)

- **Trainees subject to the university's values and ethics**

The institutional discourse positioned trainees as subject to the university's teaching, assessment, and enforcement of values and ethics, which was seen to shape them as professionals, as illustrated in Excerpt 65.

Excerpt 65

my professional judgement is probably strongly influence by where I trained, you know because, you know we all know the sort of stereotypical differences between this university and others

(B2, line 918-920)

Trainees were positioned as the passive receivers of information in relation to the university's teaching, as illustrated in Excerpt 66.

Excerpt 66

It's leaned more towards erm being the receiver, or a passive receiver ... of information

(D4, line 1055-1059)

They were positioned as children in relation to the university, who was conceptualised as a domineering parent whose voice was internalised as a controlling "superego" (B5, line 873), telling trainees what they should and should not do, as illustrated in Excerpt 67.

Excerpt 67

it's something about, now, erm, sometimes it's something about, you know, I'm the father and you are the child who is acting out and I will show you how it's done, and for me I don't know, it seemed like a projection, to me, to us, of other people's values

(B3, line 640-642)

Trainees were positioned as subject to meeting the university's requirements, "in terms of training and knowing you need a certain amount of hours and knowing that we need to do CBT or knowing that we need to do this ECS study or whatever" (B4, line 430-432), which was pitted against trying to serve the humanistic values being taught, such as not-knowing and being client-led, as illustrated in Excerpts 68 and 69.

Excerpt 68

when you're with a client you know you're recording ... with a view to doing an assessment on them, it totally affects the way you are ... I had this client I knew f- for ages I was going to use her and I, then I when I went to find the actual ten minute session, I listened to all the sessions I'd thought were good where I'd been really trying to keep in the model and all of that and they were terrible and I went right back to the beginning and ended up using a session before I'd even thought about it 'cause it was so much more natural and less sort of pushy with her

(B2, line 486-493)

Excerpt 69

there can be conflict of interest between what you have to show and do next to what you may feel would be helpful to do or to your practice are kind of helpful at times, so you can flexibly try out a bit more so, erm, in being curious and being willing to be versatile, I think it's harder to do that now, like, within, within the learning outcomes of your training

(A1, line 255-259)

- **Trainees subject to placements' values and ethics**

The institutional discourse also positioned trainees as subject to the values and ethics of placement organisations and associated staff members, which they were required to follow irrespective of the degree of alignment between them and their own, as illustrated in Excerpts 70 and 71.

Excerpt 70

the receptionist gave me an instruction which I followed, my supervisor was saying that that's not what you should do, under any circumstances, if you are not at work, if you're not well enough to see the client, you shouldn't even be engaging in a phone conversation

(C2, line 118-121)

Excerpt 71

one client, she gave me a card but she had a, a gift voucher with ten pounds in, and my line-manager said, no you have to give it back and I felt I had to send it back to her ... I felt like I was rejecting her

(C2, line 368-377)

Humanistic discourse

- **People subject to personal values and ethics**

The humanistic discourse positioned counselling psychologists as people who were “unique and different” (D2, line 965) and subject to their own values and ethics derived through their experiences. Thus, participants were seen to have “my own identity as a counselling psychologist obviously based on my values” (A2, line 338). Whilst counselling psychologists’ values and ethics were conceptualised as being contextually responsive, they were not determined by those extolled by counselling psychology’s institutions or theoretical models, as illustrated in Excerpts 72 and 73.

Excerpt 72

it doesn't matter to me what I'm called, I don't think my values and ethics change, if I was to go and do another course and be called something else, it wouldn't, it wouldn't impact

(C2, line 995-997)

Excerpt 73

my values would be, I think they would be operating whatever, whatever the model was I was going to use, I think they'd be a kind of baseline from which I would work

(B1, line 137-139)

Counselling psychologists were positioned as people outside counselling psychology as well as people within it. Different values and ethics were seen to be appropriate to each context, as illustrated in Excerpt 74.

Excerpt 74

I have particular ethics that are associated with being a counselling psychologist, and then I have my o- other ethics that are about being who I am as separate from being a counselling psychologist

(D2, line 237-239)

In some instances, the distinction between the values and ethics involved in each context seemed clear to participants, as illustrated in Excerpt 75.

Excerpt 75

in my own personal life I would argue very strongly against that way of being, with, with somebody with, with somebody erm from a professional ethical basis there was no way that I would do that

(D2, line 242-247)

In other instances, the distinction seemed less clear, as illustrated in Excerpt 76.

Excerpt 76

I would hope that those, whatever I did is guided by my values, personal and professional values. Yeah where one stops and the other begins I don't know

(C2, line 195-198)

This led some participants to ask “is my whole being now just a counselling psychologist? Should my values and ethics match up to this profession?” (C5, line 1296-1298). The values and ethics appropriate to each context were distinguished most clearly based on the type of responsibility involved. Being a counselling psychologist was seen to involve “a different type of responsibility, there’s still responsibility about being with another human being but there is, it’s different, different quality to it” (D2, line 273-276). This difference was attributed to clients’ being positioned as “particularly vulnerable” (D2, line 288), due in part to the inherent “power imbalance” (D3, line 344)

between them and counselling psychologists, since they were the ones who had “sought psychological help” (D2, line 287-288).

- **Non-experts subject to clients’ values and ethics**

Counselling psychology’s humanistic concern with recognising difference and subjectivity positioned counselling psychologists as non-experts in the lives of others, as illustrated in Excerpt 77.

Excerpt 77

I cannot think or pretend that I know something about this person, I have no idea

(D5, line 652-653)

Individuals were seen to have “expertise in their own experience” (A1, line 511) and were responsible for their own behaviour and the consequences of their actions. Within the humanistic discourse, the moral discourse positioned counselling psychologists and clients as subject to their own sense of right or wrong, which was governed by their conscience. Thus, if a client was seen to possess full information and sound judgement and wished to commit suicide, they were seen as having the right to do so, as illustrated in Excerpt 78.

Excerpt 78

some people erm would see it as, as an option if they’re thinking rationally, would with their rational minds see euthanasia or suicide as a legitimate behaviour and this session with the client we actually spoke about our values and I, I had to address this cause we were just wrestling with it and I said, professionally this is where I stand on suicide, however let’s just talk about it and she ended up disclosing that she was at a point in her life where she really didn’t want to go on, there was a history of suicide, it was a legitimate way out and I left that session kind of thinking, well she may well go off and do it, and that’s her choice

(C2, line 898-906)

- **Active agents in training and practice**

The humanistic discourse positioned counselling psychologists as subject to formulating their own understandings of values and ethics, including those of professional guidelines. Certain ethics were understood as “hard and fast rules that you don’t bend” (B2, line 992-994), whilst others were seen as “soft rules ... which can be bent” (B4, line 1006). Counselling psychologists determined which were ‘hard’ and ‘soft’ on the basis of their own values, as illustrated in Excerpt 79.

Excerpt 79

we haven’t been told which ones are soft rules or which ones can be bent in experience, it’s just that we’ve all figured it out, and maybe there’s all differences among us depending on our values

(B4, line 1006-1008)

Thus, counselling psychologists were positioned as subject to choosing which values and ethics from different models, epistemologies, and guidelines they wanted to emphasise in their practice on the basis of their own values, as illustrated in Excerpt 80.

Excerpt 80

there’s something about choosing approaches based on what appeals to me or what I value, what I can relate to, my own, what as a person I relate to, which approach, more in a better way

(D4, line 695-697)

Within a humanistic discourse, counselling psychologists’ sense of self and integrity depended on being active in this process, rather than being forced to do something. Some alignment between personal and professional values, or some mediation between the two, was therefore necessary in order to function effectively as a counselling psychologist, as illustrated in Excerpts 81 and 82.

Excerpt 81

if we're not being true to our values as a person then how can we really be true to ourselves as a professional?

(C1, line 280-282)

Excerpt 82

if we work in an unethical way it places us as professionals at risk. If we work in a way where we're not congruent with our values it places the self at risk

(C3, line 265-266)

Those involved in the training and practice of counselling psychologists were seen to place different emphases on different values and ethics depending on their own, as illustrated in Excerpts 83 and 84.

Excerpt 83

I have a notion that d- also depends upon given lecturers as well, erm and their emphasis

(D2, line 755-756)

Excerpt 84

each supervisor's different as well, you, they tell you completely different things

(C1, line 546-548)

Trainees were positioned as being responsible for reflecting on the material encountered during training and developing their own values and ethics, as illustrated in Excerpt 85.

Excerpt 85

they acknowledge that we're D-level and huma- you know we're like thinking minds and stuff and can think through that for ourself I think. They're not just printing rules on us

(B4, line 837-838)

They were seen to actively respond to the values and ethics encountered during training, creating their own personally derived professional identity, as illustrated in Excerpt 86.

Excerpt 86

I think about values and I think of it on a very personal level, you know, what are the psychological values I'm learning about and what are my values and how are these kind of either contradicting each other, battling for space to some extent, or kind of amalgamating and what you, I don't even realise now that they're one in a sense

(A3, line 584-587)

Trainees were positioned as children that grew into adults over the course of training, moving from interlocutors whose practice replicated the knowledge taught to them within the university, to active agents who decided for themselves how practice should take place, as illustrated in Excerpt 87.

Excerpt 87

I see it as an, a, a bec- a becoming of an adult in, of sorts, erm a trainee to erm not just being received knowledge but sort of, what do I th- where is my stance on this? Rather than, you know, rather than answering questions about, about my work as, well I've been taught this and that

(D4, line 833-839)

The university was positioned as a nurturing parent that provided trainees with information to respond to and experiences through which to learn and develop, as illustrated in Excerpt 88.

Excerpt 88

I have in my mind a, a small toddler being taken by the hand and learning certain things and then being allowed out to play, erm, and that's how it feels, that, yeah go and play in the sand and see how it feels and erm then later you can build a sandcastle erm, something like that, learning a few, learning some rules, before, and then being allowed to develop that

(D3, line 1160-1165)

Psychodynamic discourse

- **Human beings subject to unconscious motivations**

The psychodynamic discourse positioned counselling psychologists and clients as subject to unconscious motivations that might cause them to behave in particular ways without awareness of underlying values. Counselling psychologists were subject to their own process of self-reflection to ensure they were conscious of their values and the ways they might impact practice, as illustrated in Excerpts 89 and 90.

Excerpt 89

as counselling psychologists we're supposed to be more aware of ourself and our reactions to the client and what relationship is happening between us

(D4, line 866-868)

Excerpt 90

whatever we do, it's being mindful of your values, the values of your profession, your identity, your development, how these things are changing, clients values, erm, you know, dilemmas and all that stuff

(A1, line 901-903)

Clients were positioned as subject to counselling psychologists' ability to interpret unconscious values and bring them into awareness. Clients were seen as being potentially unaware of the values underlying their behaviour, particularly those causing them problems.

Summary

The discourses identified in Stage 2 offered participants a range of different positionings within the context of the research topic. Table 4 summarises the subject positions taken up by participants within the different discourses when discussing values and ethics in counselling psychology training and practice. The moral discourse was drawn on within the institutional and humanistic discourses to give discourse-specific positionings in terms of right or wrong.

Table 4Participants positionings within different discourses

<i>Discourse</i>	<i>Subject positions</i>
Institutional discourse (incl. use of moral discourse)	<ul style="list-style-type: none"> - Professionals subject to professional values and ethics - Trainees subject to the university's values and ethics - Trainees subject to placements' values and ethics
Humanistic discourse (incl. use of moral discourse)	<ul style="list-style-type: none"> - People subject to personal values and ethics - Non-experts subject to clients' values and ethics - Active agents in training and practice
Psychodynamic discourse	<ul style="list-style-type: none"> - Human beings subject to unconscious motivations

Stage 5: Practice

When constructing the world in different ways, the discourses involved constrain what can be said and done from different subject positions. This stage examined the opportunities for action in counselling psychology practice afforded by the different subject positions available to participants.

Professionals subject to professional values and ethics

- **Practising according to guidelines and rules**

By positioning counselling psychologists as professionals they were required to practice in accordance with the values and ethics stipulated by counselling psychology's professional body or face punishment: "they've got this practice disciplinary, err procedures or board, the HPC" (C3, line 599). Counselling psychologists were required to "behave in a certain away, you're expected to behave in a certain way" (C3, line 1312); "you're meant to uphold the values and ethics" (C5, line 1351- 1353). Adherence to professional ethics was seen as a foregone conclusion, such that "ethics is a given for us" (A2, line 932), "we're obliged to be ethical" (C3, line 23), as illustrated in Excerpt 91.

Excerpt 91

when you brought up the thing with sexuality, don't have sex with a client, it's not even, it's not even something I'd bring in here because that's just, and not wanting to belittle it at all, but you were like, I was like, oh yeah that's an ethical rule, well I wouldn't have even thought of it because it's very clear to us where our ethical boundaries lie

(A2, line 936-939)

- **Ensuring safe practice**

Ensuring safe practice meant “following different kind of, I suppose ethical rules” (B4, line 55-56) and “following the ethical codes ... i.e. following the ethical safety thing” (B4, line 681-682), as illustrated in Excerpt 92.

Excerpt 92

I mean ethical frameworks obviously we're all, should be following a set, you know boundaries, confidentiality

(B4, line 76-77)

Adhering to rules, maintaining boundaries, and ensuring confidentiality were seen as being necessary “to keep us safe as well as erm the client” (B4, line 304), as illustrated in Excerpts 93 and 94.

Excerpt 93

we're working with people, so we have to be able to protect them and protect ourselves, erm because it's very easy to slip through those boundaries

(D3, line 146-147)

Excerpt 94

you need certain boundaries in order f- to protect that profession to protect those people in it and out of it

(D3, line 456-457)

Certain behaviours were seen as “good ethical practice” (B2, line 39-40) that served to ensure safety, such as “setting out the contract, the confidentiality” (B2, line 38). Part of the counselling psychologist’s role was “to create the right sort of environment to do the work” (B1, line 126-127). This meant they were to establish “boundaries and keep maintaining them” (B5, line 878) in practice with clients, and to “try and respond individually to how they’d like to manage things, as far as is possible within the boundaries” (B2, line 405-407). Breaching boundaries was seen to be potentially harmful to clients, as illustrated in Excerpt 95.

Excerpt 95

going over time sometimes with a client, you could say, going over time erm it’s, the boundaries aren’t as firm so the client isn’t as contained, is that doing harm to the client? Which is an ethical thing

(D4, line 1231-1235)

Following ethical guidelines was also seen as serving to ensure that counselling psychologists remained safe by setting out the limits of their relationship with clients, as illustrated in Excerpt 96.

Excerpt 96

There’s something isn’t there though about the nature of the work that we do that we do get very close to people, I suppose that’s why there’s ethical frameworks ‘cause you, you end up knowing possibly more about that person than anybody else does and because of that they, you know can, you know, create something with you that may not exist as far as you’re concerned, I mean to stab somebody suggests that you have pretty strong feelings about them

(B1, line 312-319)

- **Practising scientifically and practising humanistically**

Counselling psychologists were expected to practice in accordance with the ‘scientist side’ and the ‘humanist side’ of counselling psychology. Practising in accordance with the ‘scientist side’ meant “I have to work in a certain way, erm, according to what the evidence says” (A1, line 245). Thus,

counselling psychologists were supposed to “have a research focus and to value, to value theory and research” (D4, line 882) and to have “a large knowledge base” (D3, line 929). Practising in accordance with the ‘humanist side’ meant focusing on “what is going on in the moment, working in the moment, in the here and now” (D3, line 859-860). Thus, counselling psychologists were supposed to focus on “going with [clients’] subjective experience and not imposing but kind of trying to also help them” (A2, line 359-360). Counselling psychologists were therefore tasked with being able “to hold generalisability to populations of people” (D2, line 963) in one hand and “that people are unique and different in the other hand and taking those two things into the room” (D2, line 965-967).

Trainees subject to the university’s values and ethics

- **Demonstrating competence and being assessed**

By positioning trainees as subject to the university’s values and ethics in terms of teaching and assessment, they were required to gain experience and demonstrate a level of competence in their practice in order to meet training requirements, as illustrated in Excerpts 97 and 98.

Excerpt 97

there’s particular learning requirements you have to demonstrate

(A1, line 64)

Excerpt 98

I have to show my work in a certain way, I have to work in a certain way

(A1, line 244-245)

Different models of practice were seen to be emphasised by the university’s teaching and assessment at different points during training, affecting how trainees interacted with their clients and valued their material, as illustrated in Excerpt 99.

Excerpt 99

trying to put in lots of deep and meaningful insights, because I was, it was psychodynamic, erm use the right words or, I don't know, I mean I try not to use jargon in the therapy room as a general rule erm because I think it does something to the power balance but erm, I dunno really push fo- fo- for them to say meaningful things

(B2, line 499-502)

Practice was seen to be affected by having to focus on fulfilling the university's training requirements, as illustrated in Excerpts 100 and 101.

Excerpt 100

as a trainee you need to do things that progress your own career and your own development ... it really interferes with that interaction

(A2, line 32-35)

Excerpt 101

when you, like you were saying, you've got a piece of work and you need to show that it's CBT it's so easy to get caught up and actually do really bad therapy

(B4, line 549-552)

When under pressure to fulfil certain requirements, participants valued their clients differently to when this pressure was absent, as illustrated in Excerpt 102.

Excerpt 102

when I'm tight for hours I see the client as an hour, unfortunately, not as the client and if the client doesn't come the first thing that comes to mind is, I've lost an hour, not what's, you know, like what's up with the client ... it's very different when I, when I have enou- you know when I'm ok, when it's that point in the year when I have enough then I notice I'm very different

(A5, line 117-122)

Thus, having to fulfil training requirements had the potential to impact the ethics of trainees' practice, as illustrated in Excerpt 103.

Excerpt 103

what am I willing to do, possibly, in order to, you know would I breach my own ethical and moral standpoint on what I feel would be coercive or maybe leading or, you know erm something like that with a client in order to get, you know consent to, to present their work, err, or the work we're doing together

(A1, line 65-68)

Trainees subject to placements' values and ethics

- **Practising in accordance with the values and ethics of others and the context**

By positioning trainees as subject to the values and ethics of placements and associated staff members, they were required to practice in accordance with these values and ethics, as illustrated in Excerpt 104.

Excerpt 104

I'm a trainee and I sort of have been, worked within the confines of the different placements

(D4, line 821-822)

Trainees might be required to adhere to different values and ethics within different organisations or contexts, as illustrated in Excerpt 105.

Excerpt 105

I have two placements and one of them you, you don't have to give your mobile number but it makes life considerably easier if you do 'cause the central system is only staffed every sort of four days or something, it varies, and the other one erm they're not super strict on not giving your mobile number but it's more of an ethos not to and so I have become very strict with that one about not giving my mobile number

(B2, line 201-205)

Occasions were seen to arise where trainees were forced by a placement to behave in a way that was discordant with their own values, as illustrated in Excerpt 106.

Excerpt 106

I think there's sometimes the organisation that you may work for will make you do something that will go against your value

(C5, line 1182-1183)

In some cases, the values and ethics involved in one placement might affect trainees' to the extent that they then followed these values and ethics in other contexts, as illustrated in Excerpt 107.

Excerpt 107

it imposes on your other kind of settings and contexts where I feel, erm, yeah like the kinda basic ethical or boundaries or whatever that might be okay in different contexts ha- th- ar- I've been influenced by it

(B4, line 253-255)

People subject to personal values and ethics

- **Practising according to personal predilections**

By positioning counselling psychologists as people who were subject to their own understandings of values and ethics within counselling psychology, they were seen to be responsible for mediating the involvement of different values and ethics from different guidelines, rules, theories, and research in their practice, described by one participant in Excerpt 108.

Excerpt 108

one of the things that has really brought this in to sharp focus for me has been the integrative model module actually, because it's thrown so much up in the air and made me think so much about how to work with three models, and how I do it, and do I do it, you know all of, all of those sorts of things, and I guess that's probably another steep learning curve that's been there for me, which encompasses this idea of values, identity, ethics

(D2, line 756-762)

Counselling psychologists' personal values from outside counselling psychology were also seen to inform practice. Thus, practice was seen to be "guided by my values, personal and professional" (C2, line 195), as illustrated in Excerpt 109.

Excerpt 109

I think our practice is shaped by our own value, definitely I think in my opinion, my own values and my values coming from counselling psychology

(A5, line 906-907)

- **Flexibly responding to clients**

Counselling psychologists were seen to make in-the-moment decisions about what might be helpful to clients based on their own understandings of values and ethics, rather than deciding how to proceed based solely on predetermined values and ethics from guidelines, rules, theories, and research, as illustrated in Excerpt 110.

Excerpt 110

like somebody tells you they're Catholic and someone might find that, oh so I might be able to bring the, you know religion more in and my values might be more part of that and I might disclose more of those

(A1, line 924-926)

Thus, in practice with clients, counselling psychologists were seen to “respond to them first and then think about what model I’m using to do that or, you know how I’d try and fit it in just, to a theoretical idea that I have, but that, I think that has to be second” (B2, line 541-543). This was conceptualised as “putting the client in front of the model” (A2, line 355), whereby “model comes second and relationship and connection and that comes first” (B4, line 545-546). Based on their values, the ethics involved in practice represented the counselling psychologist’s contextual response to the client and the task at hand, as illustrated in Excerpt 111.

Excerpt 111

you construct your, your ethical, or not, maybe not ethical, you say rules but they are kind of ethical rules in a way, or, or you know, what you feel would be the way people should treat each other, or be with each other, or for this particular group, for this moment in time, whatever, it changes

(A1, line 867-870)

The subjective and contextual nature of values and ethics meant what constituted ethical behaviour was open to debate, leading participants to ask “what basis do we really have for anything?” (C1, line 1284). Thus, ethical practice was seen to be interpretive, as illustrated in Excerpt 112.

Excerpt 112

you could say, I did this in the best interests and these are my reasons why but someone else could say, well no that’s unethical practice, but you did it from the belief, this was ethical, this was right for my client in these circumstances, and you could still defend it but someone else could turn around and say, no, and so we have two different interpretations of the same thing

(C5, line 314-326)

- **Communicating values through practice**

Values were seen to be implicit in the choices made by counselling psychologists in practice, such that “every decision we make is a weighing up of different things and so there’s a err implicit value in,

in each decision we make” (D4, line 631-632). Values were seen to be communicated to clients “by what you say, by how you are with them and what you do, how you think about them” (A1, line 515-516). As a result, counselling psychologists were seen to be at risk of influencing clients with their values on the basis that “it’s easy to be swayed by people” (D3, line 464-465) and “the things I say could shape them to my values” (D4, line 525-526). This was seen to go against “that humanistic rule of counselling psychology, of not imposing your own beliefs” (A3, line 725-726). Where disparity was seen to exist between the values and ethics of a counselling psychologist and a client, the counselling psychologist was seen to be at risk of being “prejudiced” (D2, line 485) towards the client, described by one participant in Excerpt 113.

Excerpt 113

we’re saying values about everything but perhaps some of it we’re actually talking about, it, you could argue is prejudice in some way or other

(D2, line 481-482)

Non-experts subject to clients’ values and ethics

- **Not knowing in practice**

By positioning counselling psychologists as non-experts in the lives of others, uncertainty and not knowing were seen as inevitable and integral parts of practice, as illustrated in Excerpt 114.

Excerpt 114

what is a counselling psychologist? Erm, it’s that uncertainty and that’s what we always have with our clients

(D3, line 781-782)

It was suggested that “dealing with uncertainty maybe, erm, and actually that’s okay, it’s okay to be uncertain” (D3, line 857-857), and “being okay with not really knowing in the room” (D3, line 924), were integral to counselling psychology. A fundamental value and aim of practice was “to connect to a client and be on equal level rather than being the expert” (A4, line 482). Practice was conceptualised

as a collaborative and reflexive process between counselling psychologist and client, with the counselling psychologist “asking them what they want, for example they want to gain from therapy erm, why they are there to kind of, collaboratively working on goals, what they would like to achieve” (A4, line 492-494). It was considered important “for the client to know that they have the position of influence and power over what happens there ... that they have expertise in their own experience ... that they are valued by you” (A1, line 509-512).

Active agents in training and practice

- **Managing values and ethics in practice**

Values were seen as something that needed to be managed in practice in order to avoid harming clients or coercing them to change their values to match the counselling psychologist's. Thus, there was “something about our own values maybe not getting in the way” (D3, line 458), such that each counselling psychologist should be “aware and careful not to impose my views on, and the way I see things and my values, on the client” (A5, line 661-666). Professional values were seen to mitigate the involvement of personal values, as illustrated in Excerpt 115.

Excerpt 115

I think the counselling psychologist will always take over, I will never say, 'no you shouldn't be doing that', I will always try and understand why, but behind that there's a value of no you shouldn't be a racist

(A3, line 737-739)

This process of mitigation was one that counselling psychologists were active in, asking “Do I bring in my own values in to the room with a client?” (D4, line 342-343). Where a counselling psychologist's personal values were seen to be superfluous to practice, according to institutional values and professional ethics, they were to be kept outside therapy, described by one participant in Excerpt 116.

Excerpt 116

I have a value that's probably quite healthy within your relationship to keep just frivolous speech about your sexual life, I think it's quite useful to keep it within, within, like gossip, I wouldn't necessarily gossip with all my friends about my sexual relationship. I would talk about it if there's anything constructive or I was curious, or I'd talk about it in a constructive way but not just to like, just for the sake of chit-chat but try and find a different topic, that's a value of mine. I would never ever impart that on my client because I really see that's very s- subjective and personal

(A2, line 803-808)

However, where involving personal values in therapy was seen to be potentially valuable to a client they may be brought to bear upon practice, as long as the purpose of doing so was in keeping with counselling psychology's approved values and ethics and could be justified in professional terms. Thus, personal values could inform practice "as long as I feel that, that it's valuable for them, not just my own perception" (A2, line 801-802), as illustrated in Excerpt 117.

Excerpt 117

my personal value is that's so destructive for yourself but I, but I understood that was my own value but I understood for her that it was all about self worth and her lack of self worth that, that's how she feels that she's entitled to cheat on others and they cheat on her. So I felt that it was okay to share my personal value ... I was able to use my own feelings of how unhealthy it is, so that's just more towards what you were saying about whe- where you step in with your own, how you kind of manage your own kind of views and beliefs and how you will let it affect therapy

(A2, line 788-796)

Where a counselling psychologist had strongly held personal values that differed from a client's to the extent that a non-judgemental stance was deemed impossible, it was likely to be difficult for them to work with that client, as illustrated in Excerpt 118.

Excerpt 118

a homosexual couple came before him and he refused to counsel them because according to his Christian values that was wrong

(C5, line 1571-1572)

Where such situations arose, it was suggested that there might be “an ethical consideration to refer on” (D2, line 712).

Human beings subject to unconscious motivations

- **Value-conscious practice**

By positioning human beings as subject to unconscious motivations, counselling psychologists and clients were vulnerable to being inadvertently influenced by values outside their awareness. Unconscious values might interfere with a counselling psychologist’s ability to assume a non-judgemental stance towards a client, making them less psychologically available to help. Thus, it was seen as important for counselling psychologists to bring their values into conscious awareness for examination through supervision and personal therapy, so their involvement in practice could be managed, as illustrated in Excerpt 119.

Excerpt 119

some of our values, well I wouldn't be, say they're dangerous but as, as counselling psychologists I think because perhaps we look, well I'd like to say, and I'm saying we now, but, but that I try and look at my own stuff and that's where personal therapy and supervision comes in to it, erm and perhaps that's why supervision is so important, but I think it's easy to be swayed by people

(D3, line 461-456)

Counselling psychologists’ values were allowed to affect therapy where this was seen to be of benefit to the client “but always with a lot of conscious thought, never unconsciously” (A2, line 796-797).

- **Interpreting values**

Counselling psychologists were seen to be engaged in a process of sensing latent values in clients' material and exploring them with the client. This involved decoding the nature of unconscious values and their hidden meaning, as illustrated in Excerpt 120.

Excerpt 120

she would give things and then she would sort of diminish them and say that they were worthless you know, which she thought, making a comment about the therapy, or gave us a chance to talk about that or about herself, that she wasn't worthy of having err therapy that was of any value, I think that's what was really going on

(B1, line 793-798)

Counselling psychologists had to decide which unconscious values might be potentially problematic for clients and should be brought into awareness through interpretation, as illustrated in Excerpt 121.

Excerpt 121

if I experience something hidden there, which is, which is not explicit yet and I feel that it's right moment to bring into the room, because client perhaps might be ready for hear this, I might bring it as an intervention or as interpretation

(D5, line 609-611)

Sensing and interpreting clients' values was predicated on the counselling psychologist's countertransference feelings relating to the client, as illustrated in Excerpt 122.

Excerpt 122

I'm trying to allow myself to acknowledge my feelings of hate and erm disgust and erm to then say okay, that's what I feel, this person, that's my reaction to that person and what can I, what, what can I do with that

(D4, line 572-579)

Summary

Being located in different subject positions was seen to have consequences for participants' therapy practice with clients, with some actions being more or less available than others depending on the subject position taken up. Table 5 summarises the implications for practice relating to the different subject positions identified in Stage 4.

Table 5

Implications for practice within different discourses

Institutional discourse

<i>Subject positions</i>	<i>Implications for practice</i>
Professionals subject to professional values and ethics	<ul style="list-style-type: none"> - Practising according to guidelines and rules - Ensuring safe practice - Practising scientifically and practising humanistically
Trainees subject to the university's values and ethics	<ul style="list-style-type: none"> - Demonstrating competence and being assessed
Trainees subject to placements' values and ethics	<ul style="list-style-type: none"> - Practising in accordance with the values and ethics of others and the context

Humanistic discourse

<i>Subject positions</i>	<i>Implications for practice</i>
People subject to personal values and ethics	<ul style="list-style-type: none"> - Practising according to personal predilections - Flexibly responding to clients - Communicating values through practice
Non-experts subject to clients' values and ethics	<ul style="list-style-type: none"> - Not knowing in practice
Active agents in training and practice	<ul style="list-style-type: none"> - Managing values and ethics in practice

Psychodynamic discourse

<i>Subject positions</i>	<i>Implications for practice</i>
Human beings subject to unconscious motivations	<ul style="list-style-type: none"> - Value-conscious practice - Interpreting values

Stage 6: Subjectivity

The final stage of analysis explored the relationship between discourse and subjectivity, examining the experiential consequences of taking up different subject positions within different discourses. Since the text contained participants' direct accounts of their experiences, the analysis was able to identify and report their thoughts and feelings directly, rather than having to speculate on what these might be. Participants' accounts were largely based around tensions and conflicts experienced in their training and practice, arising from ongoing attempts at reconciling different constructions of values and ethics from institutional and humanistic discourses. These tensions and conflicts were identified as follows:

Counselling psychologists as professionals vs. counselling psychologists as people

Participants felt "detached" (C2, line 1355) from the "external" (C2, line 97) values and ethics stipulated by counselling psychology's professional body, which could conflict with their own "internal" (C2, line 93) values, making them feel uncomfortable, as illustrated in Excerpt 123.

Excerpt 123

for me that creates some discomfort really, that there are times when my values don't fit with the profession

(C3, line 67-68)

The pressure participants felt under to adhere to institutional values and professional ethics could leave them feeling like they were rejecting clients' needs in favour of following approved models and guidelines, as illustrated in Excerpts 124 and 125.

Excerpt 124

I know that the theory is don't accept them but sometimes it feels rejecting, you know if they've brought you a card or something, like one client brought me a hand-made card and I just thought the value of me rejecting it for the sake of me being all smug about my ethics was not worth it

(B2, line 766-771)

Excerpt 125

I felt like I was rejecting her, 'cause she considered and gave this gift and then the organisation say, no, I have to give it back to her

(C5, line 407-411)

Having to justify their actions in relation to professional guidelines could make participants feel “dehumanised” (C2, line 276), and having to follow institutional values and professional ethics could leave them feeling like they were “not acting in a human way” (C2, line 276), which was “completely at odds with the values of the profession” (C2, line 277), as illustrated in Excerpt 126.

Excerpt 126

There are times, or there have been times, when I've felt as though in being ethical I haven't been human as such, or I haven't, you know I've, I've, it's taken away so much of who I am because professionally I need to treat this person in a certain way, and I think that that at times makes, well has done in the past, has made me kind of resentful towards the profession and made me resentful towards the work actually

(C3, line 221-226)

Participants felt some anger towards the profession: “I kind of think fuck the profession at times” (C3, line 271). Some participants felt the professional body expected them to behave in accordance with institutional values and professional ethics at all times, inside and outside counselling psychology, which detracted from the reality of “being human” (B4, line 1138), as illustrated in Excerpt 127.

Excerpt 127

it's almost like your whole identity is now a counselling psychologist you know if I decide to go out on a Friday night and get really pissed and start dancing on tables, someone can see that and you know I could be brought in because my behaviour was unethical, it's just like, is my whole being now just a counselling psychologist?

(C5, line 1291-1298)

Participants struggled to reconcile being a professional with institutional values and professional ethics and being a human with idiosyncratic values and personal ethics, asking “Should my values and ethics match up to this profession when I’m also human” (C5, line 1298-1300); “it’s like you have to be a certain way but where, where or when can we be human?” (C3, line 1421-1423). Participants felt the identity of counselling psychologists purported by the profession was falsely “based on a professional mystique” (C2, line 1411), as illustrated in Excerpt 128.

Excerpt 128

If we were city bankers it would be expected we might go out and get trashed on a regular basis but because we have this professional mystique, which is false, it's a false perception that counselling psychologists or any therapists are perfect human beings, it seems that we're set up to be in ethical trouble at some point sooner or later because we're not perfect human beings

(C2, line 1411-1414)

Personal values were seen as the most important and genuine factors in participants’ practice, reflecting their humanness rather than the constraint of institutionalisation which they saw as being reflected in the values and ethics of the profession. Excerpt 129 shows one participants’ account of the relationship between the values and ethics of individual counselling psychologists and the values and ethics of the profession, suggesting the relative importance of each.

Excerpt 129

we're human first, we're not caught up in this mystique of the profession, that we're human and that for me comes before any expectation set by some faceless body that will dictate how we're meant to be when those ethics will change over time, those ethics will not, guaranteed will not be the same in 10 years time, yet we will still hopefully be here and how we are comes first, as people, so our values are important

(C3, line 1615-1619)

Practising according to guidelines and rules vs. flexibly responding to clients

On the one hand, participants liked “the holding stance of having an ethical framework” (D3, line 1248), on the basis that “it makes us feel safe” (B2, line 892). On the other hand, constructing ethics around safety caused participants to feel anxious that their safety and that of others might be at risk should professional ethics not be adhered to, as illustrated in Excerpts 130 and 131.

Excerpt 130

my anxiety kind of runs away with me and I think, oh I can't do this I can't erm reveal this 'cause then they might track me down

(B4, line 255-256)

Excerpt 131

you're there to aid the person, possibly against what they may wish, if, if they tell you about something even if you've given them prior information that you will have to act, you know, err, like inform social services, inform the police, erm, or somebody's in danger if they're threatening to kill them, err, you know as the case may be, you may have to do those things

(A1, line 692-696)

Participants felt that the expression of their personal views had the potential to harm clients, as illustrated in Excerpts 132 and 133.

Excerpt 132

you know a kind of irrelevant self disclosure might be really erm harmful, so I guess when ethics come to harm

(B3, line 1154-1155)

Excerpt 133

whilst I might argue with it in a personal capacity, outside of the err therapeutic room or in a different sort of encounter, I would still have my personal value around respecting someone's err religious beliefs erm but in the, in the therapeutic setting there's something else in there around to, around potentially that being quite harmful to try to challenge that belief system, whether I agree with it or not

(D2, line 261-267)

The subject of ethics was feared as something dangerous and scary – “It’s all about fear and ethics” (D2, line 1288) – with participants facing potential punishment should their behaviour be judged to have contravened professional ethical guidelines, as illustrated in Excerpt 134, 135, and 136.

Excerpt 134

ethics scare me ... It feels like ethics, how to adhere to them, or not, feels dangerous

(D4, line 1262-1263)

Excerpt 135

it's been three years of fairly intense study, expensive study and it could all go because I make a ethical mistake and I think that's a scary cloud to work under

(C3, line 610-613)

Excerpt 136

I don't think about them 'cause I think if I did all the time I would, it would make me anxious about the erm, you know, the, the, erm, the regulatory bodies that could dish out punishments if I break ethics

(D4, line 1269-1276)

Whilst adhering to professional guidelines was seen to ensure safe practice, it also left participants feeling restricted and confined in what they were able to do, as illustrated in Excerpts 137 and 138.

Excerpt 137

there's a real sense of imprin- imprisonment for me

(C4, line 1468)

Excerpt 138

it kind of keeps us quite confined in the way which we work

(C3, line 7)

Participants felt dictated to by counselling psychology's institutions, and professional guidelines were experienced as limiting factors that hindered their ability to respond to clients flexibly, creatively, and with the full scope of their humanity, as illustrated in Excerpt 139, 140, and 141.

Excerpt 139

ethics are there kind saying you know don't be naughty, don't like do anything that's kind of spontaneous, natural, human thing

(B5, line 772-775)

Excerpt 140

if you're fearing being erm, I shouldn't do that because I don't wanna put a foot out then can I be creative or risk, risk taking?

(D4, line 1290-1295)

Excerpt 141

you sort of think, you know this is the, the framework. So then it's something more than values, it's about a framework and about a protocol, which changes things for me

(B3, line 181-183)

Rather than focusing on possibilities for action in practice, participants could become preoccupied with “being cautious about things that you shouldn’t do” (B3, line 8). Excerpt 142 shows one participant’s account of the constraint they felt from institutional values and professional ethics.

Excerpt 142

there’s a lack of flexibility, possibly, that’s in there, or erm, there’s a kind of course of nature to what, what the different systems that you’re in, kind of place upon you so here I have to show my work in a certain way, I have to work in a certain way, erm, according to what the evidence says, which makes sense but there’s, there’s less flexibility, in, in, in how you can think about it and what you can do, in, in terms of the relationship in some way, erm, and I think that applies in the NHS, it applies in the university, it applies possibly, erm in any organisational setting where you have to work with other people with particular policies and procedures

(A1, line 243-249)

Behaving contrarily to the values and ethics of counselling psychology’s models and guidelines resulted in feelings of “guilt or naughtiness” (B3, line 960-961), as if participants had misbehaved in the eyes of the profession and its institutions, as illustrated in Excerpts 143, 144, and 145.

Excerpt 143

there is some, for me at least, a bit of guilt

(A2, line 826-827)

Excerpt 144

times when I’ve done that I’ve kind of felt, oh I’ve been a bit naughty

(B5, line 867-868)

Excerpt 145

rather than seeing it as rules and unethical, I don’t know, maybe it would’ve reduced some of the guilt, or these feelings, that actually you’re not being naughty it’s, erm, you’re human

(B4, line 1132-1134)

Acquiring knowledge, demonstrating competence, and meeting assessment criteria vs. not knowing, assuming a non-expert position, and being client-led

Participants felt scared by the way professional guidelines were presented to them during training; being strict enough to carry the threat of punishment should they be breached, yet vague enough for participants to feel prone to breaching them unintentionally, as illustrated by Excerpt 146.

Excerpt 146

the training just, has kind of, scared the hell out of me in terms of, you know, the guidelines are vague, we know that if we breach guidelines we're in deep shit, that's the kind of message we get, however it's so vague that anything you could do seems to be potential to get you into, into deep shit

(C2, line 303-305)

Participants felt confused and overwhelmed by the different values and ethics presented to them, as illustrated in Excerpts 147 and 148.

Excerpt 147

as a trainee as well it's harder for us to maybe even know our values because we're getting overwhelmed by all these different approaches

(B4, line 184-185)

Excerpt 148

we do need to bring in our own values or our own ideas about ethics, whatever we want to call it, because, yeah it can get very confusing

(C1, line 552-554)

Some participants felt that “all the training stops the being you, you're so afraid that you're not listening and reflecting or making, you know, the right interventions that you stop being yourself” (B1,

line 570-571). This left them feeling shaken, as if their values and ethics should change and they should become a different person through their training, as illustrated by Excerpt 149.

Excerpt 149

I felt quite clear you know about the values that I had from the first year about being, trying to be warm and empathic but I felt shaken by, you know, having to stick to something and I almost felt that I shouldn't be myself any more or that it wasn't acceptable

(B3, line 192-194)

Being subject to the university's training requirements was experienced as "a horrible, horrible feeling" (A1, line 70), leading participants to feel "so wrapped up and anxious about that and getting recordings and everything" (B4, line 433). Participants felt they had to mould themselves to demonstrate competencies and meet criteria, which could detract from attending to clients' needs, as illustrated in Excerpts 150 and 151.

Excerpt 150

there's a real tension there because we do have the things like our needs in that situation, we can't just ignore that and pretend they're not there, so it, it does mean you kind of go into a situation and it feels like you can't just be in a way that's totally about what, what their needs are

(B5, line 445-448)

Excerpt 151

I think training courses need to consider that, I think erm they've been quite rigid in requirements and erm, must be this many sessions, must be this must be that, and I think to be more flexible about that might release some of the tension on us and make practice a bit more ethical or allow us to be a bit more true to our values rather than kind of squeezing into these boxes

(B4, 475-480)

Participants felt "a real conflict of interests" (A1, line 61) between the needs of clients and "the level of dependency and needs that I feel in relation to, erm, particular clients" (A1, line 62-63). This led to

fear and anxiety regarding the potentially harmful nature of participants' needs, which might cause them to behave unethically according to their personal ethics, as illustrated in Excerpt 152.

Excerpt 152

there's a real fear and anxiety around that and what am I willing to do, possibly, in order to, you know would I breach my own ethical and moral standpoint on what I feel would be coercive or maybe leading or, you know erm something like that with a client in order to get, you know consent to, to present their work ... I've been fearful that I would be driven to do something like that by institutional requirements

(A1, line 65-69)

Participants were "anxious of my need getting in the way" (A1, line 84-85), causing them to feel "really worried, that I, I'd be like my desperation would be coming across or something" (A1, line 81-82). Participants could feel selfish, worried, manipulative, and coercive in having to gain clients' agreement to use their material for university assessments, as illustrated in Excerpts 153, 154, and 155.

Excerpt 153

as a trainee you need to do things that progress your own career and your own development ... but it's actually quite a selfish experience for me

(A2, line 32-34)

Excerpt 154

I remember there being a debate about how this student felt she sort of press-ganged this client into agreeing to taping when actually it probably wasn't the sort of, it wasn't the sort of situation where actually recordings were a desperately good idea

(B1, line 452-461)

Excerpt 155

there's always that conflict and tension between, erm, getting consent for, for erm, your, your own progression, or for your, or for your, erm, experience, but also for the client to actually, how true, how, how kind of ethical is it for the client, and how, how, yeah. I think it actually, erm, is against my value as a therapist, asking for consent for your own progression or for your, erm, qualification, so it doesn't, yeah it conflicts my value

(A2, line 19-23)

Having their practice assessed made participants feel “really self conscious about what you’re doing” (B2, line 498). Having to demonstrate certain competencies in practice caused participants to feel fake with clients, which was considered unethical on the basis that “to be fake in the room must be the th- least ethical thing” (B2, line 520). In trying to fulfil their own needs in terms of meeting assessment criteria, clients’ needs could become neglected, with participants behaving in ways that were not therapeutic or could be unethical, as illustrated in Excerpts 156 and 157.

Excerpt 156

when you, like you were saying, you've got a piece of work and you need to show that it's CBT it's so easy to get caught up and actually do really bad therapy

(B4, line 549-552)

Excerpt 157

you're trying to show an ethical kind of piece but by doing that you're being unethical

(B4, line 515-517)

Some participants experienced the feedback they received from staff members involved in their training as forceful and “intimidating” (B3, line 633), which left them feeling attacked. This conflicted with the values they were being taught to follow in practice with clients, as illustrated in Excerpt 158.

Excerpt 158

I think erm if we are kind of attacked in supervision and research presentations then what is the message that this sends, that the relationship with a client is about attacking them? Because I frequently feel attacked by the way that the feedback is given

(B3, line 628-630)

In such circumstances, participants felt “like the goal is to prove who is wrong and who is right” (B3, line 600), which left them feeling deskilled and “very shaken and kind of useless I guess” (B3, 604). Though participants were supposed to demonstrate a certain level of competence in practice in order to pass assessments and be considered ethical practitioners, they did not necessarily feel competent, as illustrated in Excerpt 159.

Excerpt 159

we're supposed to, acting ethically, provide the most appropriate erm therapy for a particular client in that context, erm, but ... I don't feel competent in a number of approaches even though I've been taught here a number of approaches

(D4, line 692-694)

Where the subject of values was seen as being absent from the university's teaching, participants felt some anger towards the university: “that annoys me a hell of a lot” (C2, line 633).

Doing as you are told in practice vs. developing oneself through experiences

Being positioned as subject to the values and ethics of different placement organisations and associated staff members led participants to feel anxious about what they should and should not do in practice, as illustrated in Excerpt 160.

Excerpt 160

I was very anxious at the start, thinking, I need to know what I can do and I can't do ethically

(C2, line 539-540)

They felt uncomfortable when forced to do something that went against their values, as illustrated in Excerpt 161.

Excerpt 161

the demands placed on me by my manager, perhaps shifts me away from my own values sometimes and that's uncomfortable

(C3, line 85-87)

Participants experienced a sense of conflict where the values and ethics of a placement clashed with those of counselling psychology's theories, models, and guidelines as taught by the university, making it difficult for them to develop their ideas about counselling psychology through their practice, as illustrated in Excerpts 162 and 163.

Excerpt 162

counselling psychology values and ethics have clashed with the ethics of my kind of placement or my context and that's been a constant challenge for me I think during the training

(B4, line 673-675)

Excerpt 163

there's a whole 'nother ethical code that you've gotta follow and it doesn't necessarily always err fit nicely with the, the therapy kind of code, so a constant tension

(B4, line 677-679)

Participants also experienced a sense of conflict and confusion where their own values and ethics differed from those of supervisors and other placement staff members, requiring them to manage the values and ethics of multiple stakeholders, as illustrated in Excerpts 164 and 165.

Excerpt 164

I was thinking about supervision in the context of this whole thing and ethics and different supervisor's attitudes to things, and then it can get very confusing

(B1, line 170-171)

Excerpt 165

another kind of conflict between your own personal identity and your supervisor's identity and how you can kind of manage that and the university

(A2, line 328-329)

Scientific values vs. humanistic values

Participants saw the joining of counselling psychology's 'scientist side' and 'humanist side' as "an uneasy marriage" (D2, line 930). Practising in accordance with the values of both was experienced as "a constant challenge" (D2, line 967). A "kind of dialectical conflict" (D5, line 976) was seen to exist between the two epistemologies, resulting in tensions and conflicts in practice and in participants' sense of professional identity, as illustrated in Excerpts 166 and 167.

Excerpt 166

taking someone as they are, as they appear to you in the room and not knowing stuff about them beforehand, might be good for some people and other people might find that it ignores certain parts of them they consider really important, but you can't know that until you've met them. So it's a paradox

(B2, line 1222-1228)

Excerpt 167

it is quite an uneasy marriage isn't it, in the sense that, sitting with the, if you're talking about tensions and conflicts, and err, I remember being told in the first year that I was here that, you know, you're a psychologist first and a counsellor second, that you are a psychologist who counsels ... I understood that to mean, and it stayed with me for s- for a number of years, clearly, that, that I would use my understanding of psychology, which is about generalisability isn't it, to counsel individuals, that's an un- that's, that's it in a nutshell and that's, that's an uneasy marriage that is, because to hold generalisability to populations of people and holding that people are unique and different in the other hand and taking those two things into the room is a, is a constant challenge

(D2, line 942-967)

Participants experienced “some kind of confrontation or conflict within” (D5, line 1018) as they tried to reconcile values from the two epistemologies, resulting in feelings of ambivalence, as illustrated in Excerpt 168.

Excerpt 168

these dualities all the time within us and with that kind of ambivalence we're always talking about

(D5, line 1014-1015)

Whilst participants experienced conflict or ambivalence as they wrestled with counselling psychology's 'scientist side' and 'humanist side', they also felt that “that's where my learning really is, in trying to struggle, the struggle, and trying to find my answers” (D2, line 1143-1144). Counselling psychology training was seen to “teach us to learn how to you know tolerate these two opposite things” (D5, line 988-989); “you kind of learn to be with this uncertainty and this unknown in the room but at the same time we have a background of knowledge” (D5, line 976-978).

Summary

Participants' accounts of their subjective experiences centred on the tensions they felt when trying to reconcile different discursive constructions of values and ethics from contrasting institutional and humanistic discourses. Table 6 summarises the tensions experienced between conflicting aspects of the two discourses that were seen to require some attempt at mediation from participants.

Table 6

Tensions experienced between discourses

<i>Institutional discourse</i>		<i>Humanistic discourse</i>
Counselling psychologists as professionals	vs.	Counselling psychologists as people
Practising according to guidelines and rules	vs.	Flexibly responding to clients
Acquiring knowledge, demonstrating competence, and meeting assessment criteria	vs.	Not knowing, assuming a non-expert position, and being client-led
Doing as you are told in practice	vs.	Developing oneself through experiences
Scientific values	vs.	Humanistic values

Summary

Values and ethics were seen to feature in the text as complex interwoven concepts inherently involved in one another's constructions. Participants predominantly spoke of the profession, the university, and placement organisations as institutional structures propagating particular constructions of values and ethics within particular discourses. Three discursive constructions of values and two of ethics were identified (see Table 1, p. 76). These different constructions were seen to draw on four

different discourses (see Table 2, p. 81). The use of each discourse fulfilled a different action orientation producing its own effects when discussing values and ethics in counselling psychology training and practice (see Table 3, p. 98). The different discourses offered participants different subject positions (see Table 4, p. 111) with different consequences for their therapy practice (see Table 5, p. 125) and subjective experience. The relationship between contrasting constructions of values and ethics from within the institutional and humanistic discourses appeared to have greatest impact on participants' practice and subjectivity. Tensions were experienced between the differing demands of the institutional and humanistic discourses (see Table 6, p. 141), resulting in feelings of dissonance and discomfort, as participants tried to mediate between contrasting constructions in an attempt to forge a coherent sense of identity and practice involving both. The implications of this analysis in relation to the existing literature on values and ethics in counselling psychology training and practice is discussed in the next chapter, but first the suitability of the research methodology and methods that produced the analysis is reviewed.

DISCUSSION

Introduction

The research project set out to explore the different ways in which values and ethics were constructed by final year trainees within the context of counselling psychology training and practice. It looked at the dominant discourses purveyed by counselling psychology's institutions and examined how they constrained action and impacted subjectivity. Four 90 minute focus groups comprising nineteen participants in total were transcribed to produce a text that was analysed using Willig's (2008) approach to Foucauldian discourse analysis. *The suitability of the research methodology and methods* drawn on to gather data and produce the analysis is reviewed below, giving some evaluation of the use of focus groups and Willig's six-stage approach to Foucauldian discourse analysis. Discussion of *the analysis in relation to the literature on values and ethics* is then given, paying particular attention to how the institutional and humanistic discourses came together in constructing values and ethics in counselling psychology training and practice and with what consequences. *Possible avenues for future research* into values and ethics within counselling psychology are then offered, before some final thoughts are brought together in a *conclusion* reflecting on some of the issues raised by this project and how counselling psychology's institutions might address them moving forward.

The suitability of the research methodology and methods

Focus groups

Focus groups proved to be effective in obtaining rich, exploratory, discursive data from participants, who discussed a range of ideas relating to the research topic over 90 minutes without running out of things to say or discussion being cut short. Four focus groups produced a detailed range of ideas and experiences whilst allowing common discursive constructions, discourses, and subject positions to emerge. The small group size enabled the researcher to maintain order within each group, keeping discussion on-topic whilst allowing participants to generate their own discussion as much as possible. The open discussion schedule allowed the researcher to flexibly respond to participants' contributions, mining them for more information where it seemed there might be something of further

interest to be explored and challenging participants on their ideas to examine the discursive resources employed when defending points they had made. Even with the small group size and the majority of participants knowing each other, some participants seemed more inhibited than others and there was a tendency for certain group members to dominate discussion. The researcher responded to this by probing quieter group members for their contributions and encouraging participation, and all participants contributed to the discussion.

In accordance with Potter and Wetherell's (1987) suggestion that attitudes are performed rather than preformed, and Wilkinson's (2008) emphasis on collaborative meaning making within focus groups, the interactive nature of the groups allowed participants to collaboratively construct and explore their ideas about the research topic. The lack of definition of the terms values and ethics that participants received from the researcher meant they engaged in negotiating and debating different constructions of both concepts amongst themselves. Participants queried and clarified their own and each other's ideas as they responded to one another, producing different discursive constructions and taking up different positions. This interaction, along with the researcher's questions, appeared to help participants reflect on the research topic, to which they had given various degrees of thought prior to the group. Values and ethics did not emerge from within individuals as coherently formed concepts but were constructed between participants who spent time sharing and negotiating their understandings, speaking about them in relation to counselling psychology training and practice.

The interactive nature of discussion carried the risk of 'groupthink' (Janis, 1972) occurring amongst participants, who might have become preoccupied with how they responded to one another's contributions rather than offering their own opinions, which may have differed from what was said. Participants' contributions may have spurred one another on to produce more or less extreme opinions than might have occurred in individual interviews or alternate circumstances. In some of the groups, participants appeared to become increasingly fired-up by each other's contributions, becoming more extreme in their constructions and critiques of counselling psychology's institutions as domineering regimes of control and oppression. Whilst this group process may have explicated an accurate reflection of participants' views, it may also have reflected a secondary process demonstrating something other than information about values and ethics in counselling psychology

training and practice, skewing the nature of information relating to the research topic. This level of group dynamics was not analysed by the researcher.

As suggested by Kamberelis and Dimitriadis (2005), the synergy of participants' different contributions seemed to reveal sedimented norms and previously unarticulated assumptions within each group. Participants questioned and deconstructed ideas about the research topic that had apparently been taken for granted or gone unconsidered prior to the group. Thus, taking part in the group provided participants with the opportunity to engage in critical reflection on values and ethics in counselling psychology training and practice, which was something many of them said they would have liked more of as part of their training. After the group, many participants stated how valuable it had been for them to engage in this kind of discussion and that they had gained a deeper awareness and understanding of issues relating to the research topic as a result. This feature of the group was in keeping with the critically reflexive approach to knowledge that the researcher hoped to engender by conducting the research project.

On the whole, participants appeared relaxed and open when discussing the research topic, showing little difficulty in constructing and critiquing different ideas and offering accounts of their experiences. However, the artificiality of the focus group setting may have meant the discussion produced was different to that which might have occurred in a more natural setting. Discussion may also have been different amongst different groups of participants or different configurations of the same participants. Nevertheless, common constructions of values and ethics were identified across the groups and participants offered examples of contingent and contextual experiences demonstrating the implications of these constructions in their training and practice. Thus, whilst it might be argued that focus groups only show what people say they think or do, not what they actually think or do (Lederman, 1990), participants' provision of real life examples describing in detail the involvement and impact of different constructions of values and ethics in their training and practice provided some hope that their accounts might have borne at least some resemblance to their experiences.

Sample

Whilst the research sought to investigate the discourses drawn on by participants when discussing values and ethics in relation to counselling psychology training and practice, participants' values and

ethics outside of this context were not examined. This would have necessitated defining and operationalising values and ethics so they could be measured and profiled, which the research did not seek to do. Instead the decision was made to investigate participants' constructions of both concepts within the context of counselling psychology training and practice. It is acknowledged, however, that participants will have brought ideas about values and ethics into the research from outside this context, the nature of which is likely to have related to personal-historical and demographic factors that were not studied.

The researcher did not shape or configure the demographics of the sample through the recruitment process to provide a particular cross section or weighting of demographics. Particular demographics were prevalent amongst participants, who constituted a predominantly white and female sample, clustering in age around 30, with 50% of the sample being British. This configuration might have been due to chance or might have reflected demographic trends within the counselling psychologist population. This was not analysed by the researcher. Either way, it is possible that particular preconceived ideas about values and ethics relating to these demographic factors might have existed amongst participants prior to their training and their participation in the research. Furthermore, the particular configuration of demographics represented by the sample might have affected the nature of discussion produced by the focus groups and the discourses that emerged. A different configuration of demographics may have produced discussion of a different nature and the emergence of different discourses. Thus, the sample was not necessarily representative of all counselling psychologists and the discourses that emerged may have been influenced by existent ideas about values and ethics relating to demographic factors beyond the context of the research topic.

Foucauldian discourse analysis

Foucauldian discourse analysis allowed the researcher to examine some of the discursive resources available to counselling psychologists when speaking about values and ethics in training and practice, looking at how social processes and institutional structures constrained these resources, and how practice and subjectivity were affected as a result. However, as already noted, the extent to which discursive theory can theorise subjectivity is limited, as it does not account for the non-discursive experiencing of human beings, nor does it explain people's emotional investment in the subject positions they take up within discourse (Willig, 2008). Psychosocial, psychodynamic, existential,

spiritual, and embodiment factors are just some of the possible extra-discursive constituents of human experiencing that cannot be fully examined and accounted for by analysing discourse alone. Within discourse analysis, participants' talk is treated as a straightforward reflection of what they are thinking and feeling, though what is said may actually be a more complicated and limited source of information. In emphasising the role of discourse in constituting human subjectivity, the risk is that discourse analysis becomes a neo-behaviourist endeavour. Language and language use may be studied as if this equates to studying human psychology, constructing functional relationships between input and output, or stimulus and response, in discursive terms (Phillips, 1976). This strips the person out from subjectivity and eradicates the qualities of personal meaning and affective experiencing, which are fundamental to being human.

The limitations of discourse analysis are therefore noted in relation to this project, which did not venture beyond analysing participants' use of discursive resources to examine their possible motivations for doing so. By examining participants' talk, the analysis did however try to account for participants' subjective experiencing in relation to the discursive resources they used. Analysis could have been conducted on training course materials, the DCoP professional practice guidelines and other texts propagating particular constructions of values and ethics within counselling psychology. However, this would have rendered participants entirely passive in their use of discourse and the implications for practice and subjective experiencing would have had to have been more tacitly inferred. Instead participants were conceptualised as active agents engaged in a reciprocal relationship with discourse, as opposed to discourse being positioned as the sole active agent constituting participants' reality in a closed and determinate way. Thus, whilst analysis constituted the researcher's subjective reading of the text, it was a subjective reading of participants' direct accounts of how values and ethics were implicated in their training and practice. The hope was that analysis might be more closely related to participants' experiencing than would have been achieved by inferring this through examining abstract texts.

However, critical and political approaches to discourse analysis, such as that employed by this project, have been criticised as being loose and ungrounded, in that they risk departing from investigating participants' experiences in favour of pursuing the researcher's concerns (Schegloff, 1997; Speer, 2007; Wetherell, 1998). Schegloff (1997) argues that such approaches allow the

researcher to “deploy the terms which preoccupy *them* in describing, explaining, critiquing, etc. the events and texts to which they turn their attention” (p. 167), leaving little room for the endogenous orientations of participants. In this project, bringing trainees together to talk about values and ethics in counselling psychology training and practice engineered a situation where participants were oriented towards talking about particular discursive objects and structures that the researcher was implicitly suggesting might affect them. The researcher’s questions embodied assumptions about the research topic and set the agenda for discussion. Participants were then seen to orient towards discussing these assumptions in their responses. Participants’ accounts may therefore be criticised as constituting little more than justifications designed to deal with the perceived demands of the researcher’s questions, rather than being accounts that participants oriented to themselves.

Speer (2007) suggests that if critical and political approaches to discourse analysis want to do justice to participants’ lived experience “and understand *why* they choose one discursive construction over another, they need to analyse the interview as an interview, and as an occasion for interaction in its own right” (p. 132). Consideration might also be given to the nature and implications of ‘critique’ as a posture and technique within such social research and the precarious positioning of the analyst as critic (Kendall & Wickham, 2006). In an attempt to foreground participant orientations and background analysts’ concerns, Schegloff (1997) suggests that critical and political approaches to discourse analysis should be empirically grounded in the ‘technical’ discipline of conversation analysis, which examines how utterances are designed to do tasks and how replies to utterances indicate subjective understanding (Wetherell, 1998). According to Schegloff, undertaking conversation analysis to examine how discursive procedures are employed in building the local particulars of situated social practices allows the researcher to identify the emerging discursive objects and structures oriented to by participants. Subsequent analysis employing a critical or political approach can then focus on these objects and structures, which are grounded in the data and based on participants’ meaning making, rather than being imposed upon them by the researcher.

This project did not conduct such preliminary “molecular observation” (Schegloff, 1997, p. 180). The methods used by the project were recognised as shaping the nature of the discussion. ‘Values and ethics in counselling psychology training and practice’ was introduced to participants as the focus of discussion by the researcher and the researcher’s concerns regarding this topic were accepted as

inherent in the research endeavour, including analysis. These concerns were based on the literature reviewed above, alongside the researcher's own first-hand experiences as a trainee counselling psychologist. Whilst it might be argued that these concerns represented the intellectual hegemony of the researcher, they constituted more than casual vernacular observation, constrained neither by the discipline of interactional participation nor by that of systematic empirical enquiry" (Schegloff, 1997, p. 180). Furthermore, the institutional structures that participants oriented towards speaking about in relation to the research question – the profession, the university, and placement organisations – emerged from their discussion and were not introduced by the researcher. Whilst taking a more fine-grained approach might have provided more detailed information on how and why participants used discursive materials and procedures to perform certain tasks, this kind of approach is more suited to analysing smaller pieces of text in detail (Wetherell, 1998). Focusing on a fragment of conversation would have blinkered the analysts' gaze from examining the broader implications of wider discourses in which the fragment was located. In any case, the researcher's selection of a piece of text to analyse would still have been defined by their concerns.

Schegloff's recommendation that conversation analysis be conducted on a piece of text before critical analysis is impractical in relation to this project, as there are potentially thousands of conversational turns that could be analysed within the text. Furthermore, Schegloff's notion of producing an analytic description of participants' use of language that is uncontaminated by the researcher's imposition of ontological categories is untenable. As with all approaches to discourse analysis, conversation analysis is a subjective process and categories are still used by the researcher to identify patterns in talk to create an ordered sense of what is going on (Wetherell, 1998). Thus, the claim that conversation analysis might enable the researcher to gain closer proximity to participants' internal sense of an interaction is questionable, since the researcher's attempt to grasp participants' subjectivity will inevitably be shaped by their own subjective processes and the categories that are of interest to them. Whilst Schegloff's suggestions are seemingly impractical and questionable in their efficacy, they raise important issues about the level to which discourse analysis can be operationalised and empiricised. Attention is therefore turned towards examining Willig's (2008) attempt at operationalising Foucault's ideas to produce the approach to discourse analysis that was employed as a method by this project.

Willig's (2008) six-stage approach

Willig's six stages provided the researcher with directions about what to attend to within the text in accordance with Foucauldian ideas about the roles of power, knowledge, and discourse in human life. However, concerns have been raised about the viability of structuring Foucault's ideas into a method, and whether doing so is un-Foucauldian (e.g. Graham, 2010; Harwood, 2000; Meadmore, Hatcher, & McWilliam, 2000; Tamboukou, 1999). Harwood (2000) argues that Foucault's ambiguity in prescribing a method for 'doing' discourse analysis was "an intentional strategy, for if Foucault had prescribed a specific methodology, he would have fallen foul of his own critique of truth and science" (p. 42). Similarly, Olssen (2004) states that Foucault's concepts "cannot be integrated or decoded simply as an application of a uniform and universal regularity. In this non-unified sense, the analytic of discourse effects a non-unified method" (p. 466-467). On this basis, researchers might eschew declaring the particulars of an analytic method altogether in order to remain open to postmodern "undecidability" (Derrida, 1988, p. 145) and avoid any restrictions on thought from the "hegemony of theory" (Thomas, 1997, p. 76). However, research attempts that circumvent describing their methods are vulnerable to being criticised as constituting little more than unsystematised speculation (Graham, 2010; Schegloff, 1997). Such criticism is likely to be compounded by the "neoliberal malaise" (Graham, 2010, p. 2) currently affecting universities, which privileges evidence-based research methods and problematises ambiguity (Parker, 2002; Thorkelson, 2008).

The formulation of method has traditionally served to standardise research practices and assist with generalising results (Graham, 2010). Within the social sciences the aim has often been to attribute 'scientific' credibility to areas of study characterised by the inconsistency of human behaviour (Reid, 1994). This, however, is an inappropriate ambition when it comes to Foucauldian discourse analysis, which views meaning as inherently unstable, contingent, and always subject to scrutiny (Foucault, 2002b). Viewing social scientific investigation as a detached, truth-seeking process is incompatible with Foucault's philosophy, which cannot be standardised into an analytic method based on these terms (Graham, 2010). This does not, however, mean that methods for Foucauldian discourse analysis cannot be developed. Prescribing a 'scientific' method that aims towards generalisable results is not the same as developing guidelines that aim to facilitate a researcher's own subjective analysis. It is unlikely that Foucault intended for his reticence to prescribe an analytic method to

paradoxically become a postmodern straightjacket, rendering researchers unable or unwilling to make an intellectual commitment to methodological possibilities (Graham, 2010).

According to Foucault, there is no such thing as the 'correct' way of doing discourse analysis. This does not, however, mean 'anything goes', but that discourse analysis is predicated on an appreciation of the complex nature of discourse and its analysis (Cheek, 2004). The underlying philosophy of Foucault's approach is that "the reader has ultimate authority over interpretation and therefore meaning – not, in fact, the author" (Graham, 2010, p. 4). Acknowledging such contingency constitutes a profoundly ethical standpoint. All that Foucauldian methods can do, therefore, is strive to make their objectives and limitations clear, explaining what they are and are not trying to do, how, and why. Foucauldian discourse analysis is precariously positioned as making no claim to establishing truths through 'scientific' or 'precise' methods, though it may be evaluated based on these terms should one be inclined to do so. This final point is important. Methodological issues do not arise from operationalising Foucault's ideas into a method per se, but become an issue where operationalisation is associated with positivistic notions of empiricism, evidence, and generalisability, which serve to assess and control, as is often seen in contemporary academic institutions (Davies, 2005). Thus, to evaluate the 'correctness' of a Foucauldian method, Foucault's ideas must be viewed from within a positivistic paradigm that stands in contrast to Foucault's relativism. Only then can analytic attempts qua Foucault be evaluated as being 'correct' or 'incorrect' based on these terms.

Willig's development and stipulation of an approach to Foucauldian discourse analysis therefore represents an awkward tension between 'doing' poststructural work and trying to satisfy the institutional conventions of academic writing (Graham, 2010). This tension is intrinsically linked to the issues raised by this research project regarding the institutionalisation of values and ethics in counselling psychology. Counselling psychology's professional guidelines and university training courses seem to struggle to cope with ambiguity, reflected by their need to moderate and assess based on prescribed terms and conditions. As highlighted by this project's analysis, counselling psychologists are required to demonstrate their knowledge and practices in accordance with particular values and ethics that serve to substantiate and justify their work. This requirement extends to this research project, which has been formulated and formatted to demonstrate the researcher's understanding and control over the research process in accordance with an institutionally approved

template for an academic thesis. Willig's six stages can therefore be read as part of this template, offering a structured method against which the analytic activity of this project can be evaluated. At the same time, the stages can also be read as set of resources for an interpretive art, offering the researcher a starting point from which to embark on their own creative thinking about a text. Thus, Willig's approach forms part of the canon of value-laden guidelines, rules, theories, and research evidence underpinning counselling psychology, offering guidance and direction for fulfilling a particular kind of task, whilst its application hinges upon the subjectivity of the researcher.

Willig is clear about the limitations of her approach, stating that the six stages "do not constitute a full analysis in the Foucauldian sense" (Willig, 2008. p. 115), since they do not include practices relating to 'archaeology' (Foucault, 2002b) and 'genealogy' (Mahon, 1992), focusing only on isolated texts without venturing to analyse extra-discursive factors (Hook, 2001). Considering Willig's approach within the context of this project, the linear structuring of the six stages might be criticised for appearing to show participants' discourse about values and ethics as being comprised of separable components, rather than being a complex mixture of the features focused upon at each stage, which were concurrently at play during any one moment within the text. Whilst the researcher allowed each stage to guide analytic attention towards focusing on the textual features considered relevant to a Foucauldian deconstruction according to Willig, trying to distil discourse into separate components and functions was challenging. Trying to keep the features of each stage apart from one another could feel forced and artificial. In its compartmentalisation, the approach might be seen as constituting Foucauldian discourse analysis by numbers, albeit fewer numbers than seen in some other approaches (e.g. Parker, 1992, 1994). Willig's method therefore treads a fine line between constraining analytic attention to focus upon particular features of a text in accordance with Foucauldian ideas as delineated by Willig, and allowing the capacity for creativity and freedom of thought to play their part in reading and deconstructing a text based on the researchers' own subjective understanding of discourse, discourse analysis, and the writings of Foucault.

The analysis in relation to the literature on values and ethics

Defining values and ethics

Consistent with Perry's (1914) highlighting of the difficulty in capturing a definitive definition of values (see Box 2, p. 6), participants appeared uncertain about the exact nature of the concept, what their values were, and what and how values should feature in therapy. Values were embedded in various counselling psychology structures and practices in ways participants had not necessarily thought about prior to the focus groups but which emerged over the course of discussion. The groups therefore seemed to assist participants in gaining a more open and complete value-informed perspective, as recommended by Bergin et al. (1996), allowing them to construct and explore the concept in various terms.

The different constructions of values produced spanned Tjeltveit's (1999) taxonomy of definitions (see Box 3, p. 7), with different emphases being placed on different aspects of the concept at different times. Values were predominantly spoken about in institutional and personal terms, drawing on an institutional and humanistic discourse to do so. Within the institutional discourse, values were constructed as the socially constructed principles underlying counselling psychology as a profession, which should be shared by counselling psychologists. Here participants emphasised the 'cultural and historical' nature of values as suggested by Tjeltveit, as well as positing values as 'a means by which the powerful impose their will on the weak'. Within the humanistic discourse, values were constructed as an internal motivational set of beliefs derived through a person's life experiences. Here participants emphasised the 'psychological' nature of values as suggested by Tjeltveit, positing values as an individual's 'choices' as well as representing an 'authentic expression of an individual's nature'. Thus, whilst individuals were seen to have their own idiosyncratic values arising from their differing life experiences, some values were supposed to be common to individuals within counselling psychology. Particular common personal values were therefore likely to have attracted individuals to train as counselling psychologists. However, on taking up the subject position of counselling psychologist the relationship between personal and institutional values became more complex.

There was confusion surrounding where personal and institutional values were separate and where they overlapped, and where personal and professional identity began and ended within and outside

counselling psychology. Some distinction between the two contexts was made based on how different values related to different constructions of ethics. Within the institutional and humanistic discourses, values were intrinsically linked to ethics, as Tjeltveit (1999) suggests. Within the institutional discourse, counselling psychologists were positioned as professionals who were required to uphold the values of counselling psychology as a profession. These values were formalised into a code of professional ethics by the professional body, corresponding with the 'professional' dimension of ethics Tjeltveit suggests (1999; see Box 4, p.12). Here ethics were constructed as the rules set in place to promote and protect the institutional values of counselling psychology, which counselling psychologists must adhere to. The professional dimension of ethics was seen to preside over the other dimensions highlighted by Tjeltveit, taking the thought out of these dimensions by stipulating how counselling psychologists should behave and thus how they should orient themselves in relation to them. Professional ethics was seen to regulate the behaviour of therapists and clients by stipulating what was acceptable and unacceptable, with the threat of punishment looming should behaviour not be aligned with the profession's formalised values.

Within the humanistic discourse, however, counselling psychologists were positioned as people with their own unique set of values informing their behaviour. Here ethics were constructed as an individual's personal standards of behaviour based on their idiosyncratic values. Thus, ethics were subjective constructs that may vary between individuals, rather than being objective principles that could be codified and generalised. This opened up the dimensions of ethics suggested by Tjeltveit for reflexive thinking, as he and others argue should be the case (e.g. Rowson, 2001; Tjeltveit, 1999, 2000). Being positioned as people and professionals, individual counselling psychologists were tasked with reflecting on the institutionally defined values and ethics set out by the professional body and integrating them with their own in order to engender some sense of personal-professional identity and practice. This did not appear to present a problem where the institutional values and professional ethics of counselling psychology were congruent with participants' own, but tensions were raised where personal and professional values and ethics clashed, causing anxiety and unease amongst participants as they tried to reconcile the different demands of both.

The values and ethics of counselling psychology

Consistent with the structuring of the scientist-practitioner model (Frank, 1984), counselling psychology's value base was seen to be oriented around contrasting scientific and humanistic values, as described by Strawbridge and Woolfe (2003). On the one hand, humanistic values were hailed as the key principles of counselling psychology, as suggested by Cooper (2009), whilst on the other, scientific values were emphasised as crucial factors underpinning the theories and research upon which counselling psychology is based, as described by Chwalisz (2003). Participants viewed the wedding of these two epistemologies with at least some ambivalence, as seen by Aspenson and Gersh (1993) in their study of students' views on the scientist-practitioner model. The joining of humanistic and scientific values was experienced as an uneasy marriage, filled with tensions and opposites, which left participants feeling confused, anxious, and uncertain about what their values should be and how they should behave.

The emphasis placed on humanistic values, as integral to counselling psychology's identity, seemed to imbue them with an institutionally endorsed sense of virtue, which meant the possible shortcomings of humanistic theory's 'ego-centric' (Schweder & Bourne, 1984), 'individualistic' (Pearson & Podeschi, 1999) approach to values seemed to go unnoticed. Humanistic values were seen as the values that all good counselling psychologists should display in practice, providing the basis for 'healing' to take place. The privileging of clients' subjectivity associated with humanistic values seemed to be interpreted as a relativistic stance in relation to clients' values. This appeared to distract participants from seeing humanistic theory as constituting a particular value-system in itself, which does not offer a value-free approach that privileges clients' values above all else, as the therapist's privileging of humanistic values will always come first. Furthermore, as Bergin et al. (1996) point out, a relativistic stance in relation to values gives no basis for intervention to try to help clients, since it suggests that all values are to be considered equal.

In contrast to humanistic values, scientific values were seen to provide a basis for therapeutic intervention by emphasising the importance of theories and research that enabled counselling psychologists to understand, explain, and justify their practice. This was seen to make participants feel safe and effective, rather than leaving them exposed to the anxiety that accompanied not knowing what to do. The scientific emphasis on generalisable knowledge was seen to jar with the

humanistic emphasis on subjectivity, individuality, and context. Scientific values were positioned as a force for objectivism that seemed to counter the supposed relativism arising from humanistic values, providing value-systems into which clients' values could be subsumed and evaluated. Thus, therapists were able to make decisions about how and when to intervene to 'help' clients based on the valuative recommendations of institutionally approved theories, research, guidelines, and rules.

The juxtaposition of humanistic and scientific values was seen as an integral characteristic of counselling psychology and a hallmark of its professional identity. Counselling psychology was seen to place increased emphasis on the importance of humanistic values in comparison to clinical psychology, as suggested by Pugh and Coyle (2000). However, counselling psychology's identity was seen to have become closer to that of clinical psychology in recent years, with increased importance being placed on the value of research in response to the political trends towards professionalisation and evidence-based practice described by Parker (2002) and House (2001). Counselling psychology's concern for research was seen to differentiate it from psychotherapy, which was seen to have less concern for evidence-based practice.

Counselling psychologists were therefore tasked with the challenge of upholding opposing humanistic and scientific values concurrently. Whilst counselling psychology's humanistic values were seen to recommend that therapists be client-led and not impose values on clients, the values of science were seen to undermine this ethos in their desire to categorise and control. Participants were subject to an overriding dialectic between humanistic self-actualisation and institutionalised scientific control, resulting in confusion, tension, and discomfort in their sense of identity and practice. This dialectic was compounded by the formalising of particular humanistic and scientific values into a code of professional ethics that must be adhered to or punishment would be incurred. The formalising of humanistic values into a code, stipulating dos and don'ts, was seen to undermine the intent of the humanistic values themselves. Furthermore, the code of ethics was seen to be unrealistic in its expectations and open to interpretation, since codified values and ethics could not account for contingent and contextual factors surrounding therapy and the stipulations therein were ambiguous.

The code of professional ethics was seen to be least ambiguous in stipulating counselling psychologists' professional duty to ensure the safety of those involved in practice. It was their responsibility to prevent clients, themselves, and others from coming to harm. The institutional

discourse positioned counselling psychologists and clients as potential dangers to themselves and each other, placing professional ethics between them as protective factors that served to prevent harm as long as these 'rules' were followed. The importance placed on adhering to these ethics emphasised the dangers of therapy work, making it appear fraught with hazards. The result was fear and anxiety amongst participants about what might happen if professional ethics were broken, in terms of the harm that might be caused and the punishment that might be incurred.

Participants experienced professional ethics as being imposed upon them by counselling psychology's institutions, rather than being generated through their experiences, and struggled to reconcile being human with being professional. Where the humanistic values of counselling psychology were seen to value compassion, diversity, difference, and autonomy, the institutional values were seen to value discipline, duty, conformity, and obedience. The freedom to integrate different values into counselling psychology was limited on the basis that those involved must accord with counselling psychology's institutional values and professional ethics. Participants felt subject to a confusing double standard, resulting in feelings of ambivalence and resentment towards the profession, which could be experienced as dictatorial, dehumanising, contradictory, and stifling.

Values and ethics in training

The degree of control that participants had in choosing the integration of values and ethics comprising their identity and informing their practice was seen to vary according to the competing forces of institutional and humanistic discourses, which came together in training. Whilst the institutional discourse emphasised the acquisition and assessment of particular values and ethics, as ratified by the professional body and taught by the university, the humanistic discourse emphasised the personal development of values and ethics through trainees' subjective experiences. The two competing discourses seemed to parallel the theory-practice split within higher education therapy training courses that Schön (1987) describes. This split was seen to constitute the difference between a technocratic approach to teaching and learning counselling psychology theory and practice, as described by Coren (2002), and an experiential approach to 'becoming' or 'being' a counselling psychologist, as described by House (2001). Training involved a dynamic relationship between institutional and humanistic constructions of values and ethics, which participants were required to

manage as they concurrently occupied subject positions within institutional and humanistic discourses carrying different implications.

Within the institutional discourse, trainees were positioned as being subject to the university's teaching and assessment, which served to guide practice if not determine it by emphasising a particular integration of values and ethics. The university demanded that trainees acquire and demonstrate their understanding and practice of particular values and ethics by completing written and practical assignments assessing their competence based on these terms. Thus, whilst trainees were being taught not to impose their values on clients in line with humanistic theory (a value in itself), they were also being furnished with value-laden knowledge that they were required to learn and follow. Whilst counselling psychology literature recommends that counselling psychologists critically reflect on value-laden knowledge (e.g. Etherington, 2004; Loewenthal, 2006; McLeod, 2007; Nussbaum, 2010; Palmer Barnes, 2001; Parks, 2007; Strous, 2006), the extent to which such reflection was encouraged as part of university training was seen to vary. Some participants felt very little space was allowed for critical reflection, whilst others felt critical reflection had been actively encouraged.

On the whole, participants felt the onus was on them to conduct their own critical reflection independently, with teaching largely focusing on the provision and assessment of knowledge, rather than on engendering Socratic debate as recommended by Nussbaum (2010). The university's teaching and assessment was seen to institutionalise trainees to some extent into possessing a mixture of values and ethics that shaped their identity and practice, as suggested by Coren (2002). Values were taught and assessed in theoretical terms, whilst ethics were seen to be synonymous with professional rules and guidelines to be considered in relation to 'ethical situations'. Thus, in spite of the literature emphasising the importance of explicit, integrated, reflexive thinking about values and ethics as concepts woven throughout therapy (e.g. Clarkson, 2001; Guggenbuhl-Craig, 1995; Parker, 2002; Pollard, 2011; Shillito-Clarke, 2003; Strong, 2005; Walsh & Frankland, 2009), it seemed values and ethics were taught and modelled by the university in fairly restricted and didactic ways. Many of the values embedded in counselling psychology's structures and practices went unexplored and unquestioned as part of training, whilst ethics was conceptualised as a self-contained topic,

concerned with rules, dilemmas, and boundaries, to be learned and applied rather than investigated and interrogated.

Within the humanistic discourse, however, trainees were positioned as being subject to their own understandings of the values and ethics presented to them through their training, integrating ideas on the basis of their subjectivity to generate their own sense of identity and practice. Here values and ethics were not concepts that could be taught and assessed objectively but were subjectively assimilated through contextual life experiences. In keeping with this construction, participants found the experiential components of their training most useful in facilitating their understanding and integration of values and ethics, providing support for Scanlon and Baillie's (1994) suggestion that therapy training should be underpinned by a practice-led epistemology. It was through their experiences practising with clients that participants felt they learned most about being a counselling psychologist and the role of values and ethics within this; by experiencing first-hand how they informed and impacted therapy in ways that were helpful and unhelpful.

The subjective nature of values and ethics within the humanistic discourse meant each person involved in training and practice might have different understandings of both concepts, such that supposedly common values and ethics may not be common at all. Trainees were required to manage the different values and ethics of various stakeholders involved in their training and practice, whilst developing a humanistic approach to therapy that aimed to privilege clients' values. This was a complicated and confusing process for participants, with different stakeholders exerting different value pressures to various effects. Trainees tried to make sense of the values and ethics encountered, absorbing and developing their understandings through experiences with different people. This process was contingent on time being allowed for experiences to occur and processing of these experiences to take place, with some participants arguing that their training had fallen short in both respects. Whilst participants felt their values had changed to varying degrees in response to their training experiences, on the whole, training was seen to have helped participants gain a deeper understanding of their values whilst developing their own personal integration, which constituted their identity and practice as a counselling psychologist.

At best, university training was experienced as useful and helpful in providing trainees with guidelines, rules, knowledge, and experiences that gave a foundation upon which they could build and develop

their practice, along with language to speak about values and ethics in counselling psychology. In such circumstances participants felt the university had respectfully parented them through their training, feeding ideas to them that helped them grow into counselling psychologists as they explored these ideas in training and practice. At worst, university training was experienced as intimidating and dehumanising, forcing trainees to adhere to particular values and ethics with little reflection or explanation as to why this should be so, even when the values and ethics to be followed went against participants' own. This left trainees feeling dictated to, deskilled, incompetent, anxious, and attacked by the university, with the university's approach to teaching standing in stark contrast to the humanistic qualities they were being told they should possess in their practice with clients. As a result, participants felt some anger towards the university, which could be experienced as a domineering parent or a punitive superego. As noted by Berry & Woolfe (1997), it is not easy to reconcile the concept of self-actualisation through training with institutional practices that serve to control and assess based on fixed terms and conditions. Many of the 'university temptations' and 'institutional practices' Parker (2002) describes (see Boxes 9 & 10, p. 28-30) were seen to prevail within the university in ways that closed down thought and constrained action amongst trainees, with knock on effects for their practice with clients.

Practice

The ways in which values and ethics were constructed within the institutional and humanistic discourses ruled in certain behaviours and ruled out others, shaping how clients were thought about, valued, and responded to by participants in their therapy practice. Tensions were seen between the different actions allowed for and recommended by each discourse. The institutional discourse required that counselling psychologists practice according to the values and ethics stipulated by the professional body alongside the theoretical models and research evidence taught and assessed by the university. As a result, counselling psychologists were positioned as social control agents whose practice served to bring clients' values into line with counselling psychology's institutionally approved theories, guidelines, and rules. However, the humanistic discourse required that counselling psychologists remain open to the unknown and privilege clients' subjective experiencing above preordained values and ethics. Thus, counselling psychologists were concurrently positioned as non-

experts whose role was to facilitate each client's process of self-discovery and self-actualisation based on their values.

A paradox was therefore seen between the demands of the institutional and humanistic discourses. On the one hand, counselling psychologists were supposed to be client-led, such that they did not profess to know what was best for clients, who were experts in their own experiencing. Clients were seen to know what was best for them and were responsible for their actions and the consequences incurred. Here it was the counselling psychologist's responsibility to keep their own values outside therapy so as not to influence the client. On the other hand, counselling psychologists were supposed to base their practice on the values and ethics set out by counselling psychology's institutions, which intimated what would be helpful and unhelpful for clients. Clients were not necessarily seen to know what was best for them on the basis that they were seeking help by presenting for therapy. Here it was the counselling psychologist's responsibility to intervene to help clients understand what might be best for them and to prevent them from causing harm to themselves and others.

The humanistic and institutional discourses therefore placed different emphases on personal and professional responsibility within counselling psychology practice. Participants were tasked with trying to work out when and where the demands of institutional values and professional ethics obliged them to intervene in clients' thoughts, feelings, and behaviours, and where clients had personal responsibility for their own lives, which should not be intruded upon. Since practising any therapy model inherently involves the imposition of that model's values on a client, actively or passively (Shillito-Clarke, 2003), the humanistic 'rule' that therapists must not impose values on clients seemed only to apply to the therapist's personal values. Basing therapy practice on personal values alone was seen to carry the risk of harming clients by exerting undue, uncontrolled influence. Conversely, basing therapy practice on institutional values and professional ethics alone was not possible, since their application to a given situation was contingent upon the counselling psychologist's subjectivity, which inherently involved their personal values and ethics. A dynamic relationship was therefore seen between personal and institutional values. Institutional values and professional ethics served to mitigate the involvement of personal values and ethics in practice, which should only feature where the therapist subjectively judged that this would benefit the client based on counselling psychology's institutional values and professional ethics.

Participants therefore deferred responsibility for imposing values and ethics upon clients to counselling psychology's institutional structures, which furnished them with approved values and ethics to be followed. Counselling psychology's institutional values and professional ethics were seen to provide a legitimate basis for intervening in clients' lives and thus constituted an exception to the humanistic rule of non-imposition, or were seen as being concerned with something other than values. The goals, theories, techniques, and outcomes of therapy were typically described using terminology from therapy models, rather than speaking of the values to be instilled in clients, what values were desirable, what value-change might occur, and what constituted successful therapy in valuative terms. The more the values involved in practice could be defined by reference to a theoretical model, the more insulated they appeared to be from the controversial suggestion that a therapist's values might impact a client during therapy. As long as the values being imposed were drawn from institutionally approved theories, guidelines, and rules, and were not the therapist's own, participants could seemingly claim to be practising according to counselling psychology's humanistic value base, despite this being a contradiction in terms.

The perceived role of values in therapy therefore seemed to remain close to the 'traditional' viewpoint described by Beutler and Bergan (1991), that "counselors and psychotherapists should be aware of their personal values in order to prevent these valuative beliefs from influencing treatment" (p. 17). Participants' awareness of the many other covert ways in which values were involved in practice seemed limited, whilst the mitigating effect of institutional values and professional ethics seemed limiting in terms of the behaviours that were made available to them. Whilst having a code of values and ethics made participants feel safe and protected in their practice, it also restricted their range of actions. As a result, participants felt unable to respond to clients with the full scope of their humanity. As Robbins (2000) writes, "When I enter into formal, bureaucratic systems, I find that my freedom to serve the Other is often usurped" (para. 13). Certain behaviours were not allowed by professional ethics, which served to keep counselling psychologists at a safe distance from clients by maintaining a professional relationship over a personal one.

Consistent with this, 'the ability to attend closely to boundaries' was by stressed by participants as an integral part of ethics and ethical practice, this being one of the 'therapist qualities' Holmes (2001) describes (see Box 5, p. 14). The other qualities Holmes describes – 'the capacity for self-reflection'

and ‘the capacity to put thoughts, feelings, and potential actions into words’ – were also spoken about in relation to ethical practice but seemed to be seen as constituents of the process of attending to boundaries, rather than being important ethical factors in and of themselves. There was the potential for participants’ reflexivity about the institutionally approved values and ethics they were supposed to be practising to get lost in their preoccupation with whether or not they were practising according to these values and ethics, and not just their own, so as to meet institutional requirements. Participants could become focused on what they should not do, so as to remain professional according to institutional values and professional ethics, rather than focusing on what they might do to help clients based on their personal ethical response to them.

Personal ethics was equated to human conscience by participants, which constitutes the ‘intuitive level’ of Shillito-Clarke’s (2003) ‘model of ethical reasoning’ (see Figure 1, p. 15). In keeping with this model, participants seemed to accept that their conscience alone was inadequately resourced to guide them towards practising ethically, and counselling psychology’s theories, principles, and rules were thus positioned as providing guidance and governance. The role of clients’ ethics in guiding ethical practice, however, is absent from Beauchamp and Childress’s model. Whilst the model captures how rules, principles, and theories preside over a therapist’s conscience in practice, it is unilateral in representing the therapist’s ethical reasoning process in isolation from the client’s. It presents a framework that clients are subsumed into, offering a model for *responding to* clients rather than a model for *responding with* clients, giving no consideration to how clients’ ethics might be incorporated into ethical reasoning. This unilateral focus was largely paralleled in participants’ discussion, with attention predominantly focusing on meeting and managing the ethical concerns of therapists and the profession, and far less consideration being given to how clients’ ethics might be incorporated as part of an ethical reasoning process within therapy.

Participants’ investment in the values and ethics of the theories, principles, and rules they employed seemed to be taken for granted as long as they did not strongly clash with their own and/or a client’s. Should such dissidence occur, tension, struggle, and discomfort were likely to be seen as participants were faced with two choices. On the one hand, they could contravene institutional values and professional ethics in favour of acting in accordance with their own and/or a client’s, which risked incurring punishment and was likely to result in anxiety, fear, and guilt. On the other hand, they could

accede to institutional values and professional ethics at the expense of their own and/or a client's, which would ensure professional approval but was likely to result in feelings of anxiety, anger, and guilt. Based on their personal-professional integration of values and ethics, participants were challenged with balancing the demands of their personal and professional responsibility, which could at times pull them in different directions, either towards meeting the demands of their own values and ethics in relation to a client, or towards meeting the demands of institutional values and professional ethics. At times participants felt forced into doing things that they did not want to do in order to gain institutional approval, rather than responding to a client's values based on their own and what they thought would be most helpful. In such circumstances participants could feel dehumanised, depersonalised, deskilled, anxious, coerced, coercive, and uncomfortable about what was being asked of them as professionals, which was seen to detract from their values and ethics as people.

Summary

The analysis revealed how the institutions coordinating counselling psychology training and practice propagated dominant institutional and humanistic discourses that constructed values and ethics in particular ways, and how these different constructions affected participants' therapy practice and subjectivity. Whilst the implications of constructions within the humanistic discourse were seen to run counter to those within the institutional discourse, the humanistic discourse was co-opted by the institutional discourse as an integral part of counselling psychology's professional identity. The institutional constructions of values and ethics presided over the humanistic constructions, such that becoming a counselling psychologist meant becoming a professional with professional values and ethics, including humanistic values and ethics, which superseded being a person with personal values and ethics. Professional values and ethics therefore determined the involvement of personal values and ethics in practice. This relationship was set up on the basis that counselling psychologists had increased responsibility for the well-being of others in their role as professionals. Professional values were institutionally approved as helpful and safe, whilst personal values needed to be controlled as they were seen to be potentially dangerous in their capacity to create confusion around relationship boundaries and cause harm through coercion.

Thus, despite humanistic values being heralded as the key principles of counselling psychology, emphasising the subjective nature of human values and the emancipation of people from limiting

conditions of worth, the potential of such ideas was limited by their institutionalisation within counselling psychology training and practice. Counselling psychologists and clients were supposed to aim towards self-actualisation but only within the confines of the terms and conditions set out by counselling psychology's institutions. The quest for human emancipation was therefore turned against itself, becoming an institutionalised system of control in the name of human liberation. Whilst the humanistic discourse within counselling psychology professed a way-of-being for counselling psychologists and clients that was supposedly free from imposed value pressures, counselling psychology's institutions concurrently instructed and evaluated behaviour in ways that exerted value pressures that constrained actions and ways-of-being, with the threat of danger, harm, and punishment keeping behaviour in check.

Possible avenues for future research

Future research might take a closer look at the different aspects and polarities of counselling psychology's value base and ethical identity, as a profession and a way-of-being. The various sources of values and dimensions of ethics underpinning counselling psychology's structures and practices might be examined in order to further map out the tensions, conflicts, and incongruities therein. This might be considered as an ongoing concern for those involved in coordinating, teaching, and practising counselling psychology if an increasingly clear, current, and explicit view is to be gained about the ways and means in which values and ethics feature, the power structures and struggles at play, and what this means for counselling psychology training and practice. Research might examine the valutive constructions of knowledge, assessment, and competency within counselling psychology training courses, exploring how different discourses around these notions open up or close down opportunities for creative and reflexive thinking, and how different practices and ways-of-being are made available or constrained for counselling psychologists and clients as a result. The ways in which values and ethics are constructed and dealt with in non-university settings might be examined and compared to the constructions and practices seen within universities, looking at the potential benefits and shortcomings of each setting and what useful cross pollination might occur between the two.

Research might look to discover ways in which creative and reflexive thinking can be given central roles in the processes, theories, and models underpinning counselling psychology practice. Thought

might be given to the ways in which therapy can be 'democratised' (Orbach, 2007) so that the nature of therapy's structures and practices is shared and co-constructed between therapists and clients, making the fabric of therapy dependent on the coming together of the values and ethics of both parties. Research might look at the impact of different constructions of values and ethics on clients' experiences in and of therapy. A fine-grained analytic approach might look at the ways in which different constructions of values and ethics are communicated, mediated, and negotiated between therapists and clients during therapy. The effects of different value systems and ethical standards on clients' values and ethics might be examined, looking at the ways in which clients' values change over the course of therapy in relation to the different values impacting the therapeutic encounter, such as the personal values of the therapist, the values of the theoretical models and techniques employed, and those implied by the context in which therapy is taking place.

Conclusion

It would seem that counselling psychology's scientific and humanistic value base presents a dichotomy of conflicting epistemological and ontological standpoints to be served in practice, which may lead to tensions, confusion, and discomfort amongst counselling psychologists as they try to mediate between the two. This might be seen as constituting an ethical position from which to practice, requiring ongoing reflexive thought about different values and ethics, rather than subscribing to a single dogma. However, the degree to which reflexive thought is encouraged and allowed by counselling psychology's institutions appears to vary depending on the structures and practices put in place to moderate and control behaviour. The professional body's formalising of values into a code of ethics that serves to guide practice has the potential to limit reflexive thought about the values and ethics contained therein, since they are to be followed or harm will supposedly be caused and/or punishment incurred. Furthermore, trainees are required to demonstrate their knowledge and practice of particular values and ethics to the university in order to qualify as counselling psychologists, which can focus attention on acquiring and exhibiting particular values and ethics rather than interrogating and reflecting upon them.

Attempts to ensure that therapy is not based on the whims of therapists and that individuals retain their human rights and are free from coercion are understandable. However, the emphasis that counselling psychology's institutions appear to place on demonstrating institutional values and

professional ethics seems driven by an anxiety that therapists will do something wrong and will cause harm unless they are instructed on how to behave. The issuing and assessment of institutional values and professional ethics therefore constitutes the imposition of a predetermined system of control, regulating counselling psychologists' behaviour by stipulating correct practice. Ethical practice might thus come to be viewed as a conservative matter of restricting what occurs inside and outside therapy in ways that are limiting for both therapist and client, which may actually be unethical, amounting to 'paradoxical counter-productivity' (Illich, 1976).

Similarly, structuring counselling psychology training around the acquisition and assessment of therapeutic knowledge, within fixed boundaries and timescales, may focus attention on the 'correct' formatting and application of values and ethics from counselling psychology's approved theories, guidelines, and rules, leaving little room for reflexive thought or for clients' values to inform practice. Robbins (2000) argues that the responsibility a therapist holds for the Other in therapy "is bestowed not just for the other but by the Other" (para. 1) and that the institutionalisation of therapy risks therapists losing sight of this. By developing a formalised code of values and ethics, alongside procedures for the selection and training of counselling psychologists based on these terms, counselling psychology preserves itself as a professional institution, whilst risking inertia in the face of clients' values and ethics. The result may be that "It becomes much more difficult to respond to the ethical call of the Other in the face-to-face" (Robbins, 2000, para. 2).

The institutionalisation of values and the professionalisation of ethics therefore exert power over counselling psychologists in ways that risk closing down opportunities for critically reflexive thinking and may also relegate clients' values and ethics to a subordinate role in guiding therapy. This is not to say that counselling psychology should abolish its code of values and ethics, leaving therapists to practice as they please, nor should it change its value base in an attempt to achieve a state of internal value alignment and congruence. Instead counselling psychology should strive to be congruent and ethical by being explicit about the different ways in which values and ethics are constructed and feature within counselling psychology. The implications and limitations of these constructions should be explicated, examining the consequences for counselling psychology training and practice, exposing the power relations that are set up as a result. The power relations inherent in counselling psychology cannot be eradicated. As Foucault (1988) states, "The problem is not of trying to dissolve

them in the utopia of a perfectly transparent communication, but to give oneself the rules of law, the techniques of management, and also the ethics, the ethos, the practice of self, which would allow these games of power to be played with a minimum of domination” (p. 18). Those involved in counselling psychology would therefore do well to examine the ways and means through which power is exerted in relation to values and ethics within counselling psychology training and practice, aiming towards gaining greater understanding and management of the different power relations at play.

It would appear that the multiplicity of ways in which values are involved in counselling psychology may remain somewhat of a blind spot for counselling psychologists, requiring further attention if practitioners are to gain a more open and complete and value informed perspective, as Bergin et al. (1996) suggest. It would also seem that a broader perspective on ethics and ethical theory may be needed to widen the horizons of counselling psychologists beyond focusing solely on codes of ethics, as Shillito-Clarke (2003) suggests. The various valuative and ethical dimensions of therapy should be addressed and explored as open and expansive topics running throughout all aspects of therapy (Palmer Barnes & Murdin, 2001; Tjeltveit, 1999). Counselling psychology training has a fundamental role to play in this, and the institutional university structures, practices, and temptations that Parker (2002) highlights as being inimical to therapy require remedial attention if the potential limitations on creative and egalitarian thought arising from them are to be avoided. University training programmes might provide a more ethical experience by aiming towards a Socratic approach to teaching and learning, as Nussbaum (2010) suggests. Training should not only teach trainees the values and ethics of counselling psychology, it should also teach them to question what they are being taught if critically reflexive skills are to be engendered (Loewenthal, 2006; McLeod, 2007; Palmer Barnes, 2001; Parks, 2007; Strous, 2006). Concepts from systemic therapy might be incorporated into counselling psychology training and practice, such as ‘circularity’ and ‘irreverence’ (Cecchin, 1987; Cecchin et al., 1993) that aim to ensure curiosity and reflexivity amongst therapists.

Trainees might benefit from university training programmes being structured around a practice-led epistemology, as suggested by Scanlon and Baillie (1993), within which a broader perspective might be taken on what constitutes ‘knowledge’ within counselling psychology. More attention might be given to exploring notions of tacit and experiential knowledge within the university, rather than these dimensions of training and practice being ensconced in the experiential activities taking place off-site

at practice placements. Subjectivity and ambiguity might receive greater emphasis on university training courses as crucial factors relating to values and ethics, rather than presenting values and ethics in the guise of theoretical structures, procedures, guidelines, and rules to be learned, performed, and assessed. Notions of competency might be re-evaluated alongside the ways and means by which trainees are assessed. Consideration might be given to the very notion of assessment within the context of counselling psychology, looking at what this implies and the consequences for trainees and clients. Those involved in coordinating counselling psychology training might give greater consideration to the aspects of therapy that cannot be theorised, taught, and assessed, and encourage reflexive thinking and exploration amongst trainees on this basis.

In conclusion, it would seem important that counselling psychologists be engaged in ongoing exploration of values and ethics as part of their training, their continuing personal development, and especially in their practice with clients, so as to be clear about the values and ethics involved in what they are doing. If counselling psychologists are to aim towards being humanistic, ethical, practitioner-scientists, they must critically reflect on the values and ethics involved in their practice, their shortcomings and limitations, whilst striving to incorporate clients' values and ethics into the processes informing therapy wherever possible in ways that are egalitarian, reflexive, and explicit. The institutional structures within counselling psychology should encourage counselling psychologists' learning from clients (Rogers, 1961), whilst also facilitating the 'giving away' (Gendlin, 1984) of counselling psychology's knowledge base and value-system to clients and society at large in ways that are open, negotiated, responsive, empowering, creative, and supportive. Counselling psychology might thus aim towards providing an ethical response to the Other that propagates a sense of mutuality, community, and connectedness (Robbins, 2000), rather than institutionalising values and professionalising ethics on the basis of fear and restraint in ways that perpetuate the power of the profession and keep therapists and clients distanced from one another.

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APPENDICES

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Box 23

Glossary of transcript symbols

()	Empty parenthesis indicate speech that the transcriber was unable to ascertain
(word)	Parenthesised words indicate the transcriber's uncertainty about what was said
[A left bracket indicates the start point of overlapping speech
]	A right bracket indicates the end point of overlapping speech
MOD	Indicates the moderator's contributions
A1 to D5	Indicate each participant's contributions

Appendix 1 – Ethical approval application

TITLE OF PROJECT	Values and Ethics in Counselling Psychology Training and Practice
PROJECT DETAILS	
Purpose of the proposed investigation	
<p>The research will explore the way that university trained Counselling Psychologists talk about the role of values and ethics in their practice and how their university training shaped this. Did their university training allow adequate exploration of their values, those embedded in theory, those of others, their clients, and the profession? How did they come to develop and understand their own values, ethical philosophy and identity, in relation to their practice as a Counselling Psychologist during their training? Has their training encouraged the exploration and discussion of ethics and values in relation to their practice, or has this area been formalised into theory and codes of ethics that contain unquestioned ethical and evaluative judgments? What are the contemporary discourses amongst university trained Counselling Psychology graduates regarding values and ethics in relation to their work?</p> <p>The findings may have implications for university Counselling Psychology training, with specific implications for values and ethics training, the professional ethical identity engendered by a university training, and the teaching and application of therapeutic theory and professional codes of ethics in relation to practice. It hopes to provide some insight into the current ethical culture amongst university trained counselling psychologists and the ways in which issues of ethics, knowledge, and practice are conceptualised and mediated within this group.</p>	
Outline of project	
<p>Twenty practising university-trained Counselling Psychologists will be recruited from a number of universities and randomly allocated to one of four focus groups so that each group contains five participants. An hour and a half semi-structured group discussion will be facilitated by the researcher with each of the focus groups at a convenient time and location to be arranged with participants. The discussions will be audio recorded and transcribed. The Researcher will facilitate the group discussions using a relatively open discussion schedule, asking participants to reflect on, and discuss amongst themselves, issues pertaining to the role of values and ethics in Counselling Psychology training and practice. Questions from the facilitator will be reactive to each group's discussion and guided by the research topic. The following are examples of questions that may be used to get discussion started and generate further discussion as necessary:</p> <ul style="list-style-type: none"> • What role do values and ethics play in Counselling Psychology training and practice? • How do you think your university training shaped your views on values and ethics in relation to: clients and therapists; theory and practice; training and the profession; you and others? <p>Transcribed discussions will be analysed using discourse analysis, which will attempt to understand the discourses available to participants when discussing values and ethics in relation to their training and practice, and how these discourses may influence how they think, feel, and behave; how they may enable and/or constrain them.</p>	
The participants	
<p>Participants will be given an ID code on recruitment, which will be used to identify them in all correspondence and on all documentation. All participants will be anonymised and all information will be treated as strictly confidential. Any identifying information given during discussions will be erased from the audio recordings and will not feature in the transcripts. This also applies to the names of universities mentioned within the interviews, which will be erased from the audio recordings and will not feature in the transcripts. Participants will be made aware that they are free to withdraw at any point by notifying the Researcher, either in person or using the contact details provided, stating their research ID code. Should this situation arise, all contributions made to the focus group discussion will be erased from the recordings and transcripts, although others' surrounding comments will remain intact. Withdrawn participants' data will not be analysed and will not be published. Surrounding data from other participants, including responses to withdrawn participants' comments, will be analysed and may be published as part of the results.</p>	

The focus group
All information disclosed in the focus groups will be treated as private and confidential and will be disclosed at participants' discretion. Participants will be advised that what is discussed must not be shared outside of the focus group and will sign a consent form agreeing to this (see Appendix 3). Access to raw data from the focus group will be restricted to members of the Research Team: the Researcher, Research Supervisor, and Director of Studies. Information will only be shared outside of the Research Team in the following circumstances: where legally compelled to do so; where the Research Team has reason to believe that someone is at risk of serious harm; where disclosure is permitted by law and required to protect the interest of the Research Team. Should the need to share information outside of the Research Team become absolutely necessary, discussion with the participant(s) involved will take place prior to sharing wherever possible. Identifying details of participants unrelated to the need for sharing will be removed from the shared information.
Confidentiality
Whilst every effort will be made by the Researcher to ensure that participants' contributions are treated as confidential by group members, due to the group nature of the study confidentiality cannot be guaranteed by the Researcher in respect of information that participants share outside of the research setting.
Discourse analysis
This approach assumes that there is no one version of the world and that no version of the world remains dominant forever because the social construction of reality through discourse is characterized by change and transformation. The proposed research does not therefore aim to provide a definitive deconstruction of Counselling Psychologist's discourses on the role of ethics and values in their training and practice; rather it hopes to illuminate some local and contingent discourses and discursive constructions in respect of this research topic, which may stimulate further thought and discussion.
Ethical Issues
The researcher abides by the BPS Code of Ethics and Conduct. Information disclosed in the focus groups will be treated as private and confidential and will be disclosed at participants' discretion. Participants will be advised that what is discussed must not be shared outside of the focus group and will sign a consent form agreeing to this. Whilst every effort will be made by the Researcher to ensure that participants' contributions are treated as confidential by group members, due to the group nature of the study, confidentiality cannot be guaranteed by the Researcher in respect of information that participants share outside of the research setting. This limitation will be communicated to participants. Participants will be asked to be mindful and respectful of themselves and others in what they disclose, and to observe confidentiality when mentioning client or sensitive material. They will be asked to maintain the anonymity of individuals, agencies or organisations they mention. Participants will be provided with debriefing information once the focus group has been conducted (see Appendix 4). If participation evokes any unpleasant or uncomfortable emotions in participants, or if they have concerns about any aspect of their participation or any other queries, they will be encouraged to raise this with the Researcher. Participants may arrange a meeting with the Researcher where their concerns can be discussed in confidence and assistance will be provided in finding them further support as necessary. Details of how to find a counselling psychologist or therapist via the BPS or BACP will be provided.
SECTION 3: USE OF PARTICIPANTS
Give details of the method of recruitment, and potential benefits to participants if any
<p>Recruitment via university: The Counselling Psychology Programme Administrator at five universities will be contacted, asking if it is possible for them to send an email to Counselling Psychology trainees in their final year, or who finished their training in the past three years, inviting them to participate in the research. A follow up telephone call will be made to each Programme Administrator if nothing is heard in response to the email sent. Since potential participants will be contacted by their university Counselling Psychology Department, the Researcher will not have access to their details, thus preserving their anonymity. Permission will also be sought from the Programme Administrator at each of the universities to display posters asking for participants on the notice board(s) within each of the university Counselling Psychology Departments.</p> <p>Recruitment via direct contact: Direct email contact will be made with potential participants known to the Researcher to be eligible for participation.</p> <p>Recruitment via word of mouth: It is hoped that participants may also be recruited via word of mouth, either directly by the Researcher, or by other participants/potential participants.</p> <p>Recruitment via the BPS: An advertisement for the research will feature in the BPS Division of Counselling Psychology monthly email, which is sent to subscribers.</p>

SECTION 5: PUBLICATION OF RESULTS
How will you disseminate your findings?
Findings will be included in a doctoral research thesis. Papers based upon this thesis and its findings may be submitted to academic journals for publication.
How will you ensure the anonymity of your participants?
Participants will be allocated an ID code on being recruited, which will be used to identify them on all documentation, including results. Any identifying information given during the group discussions will be erased from the audio recordings and will not feature on the transcripts or results. This also applies to the names of universities and any members of staff mentioned in the interviews. Access to raw data from the focus group will be restricted to members of the Research Team: the Researcher, Research Supervisor, and Director of Studies. All information provided will be treated in confidence by the investigator and other group members, and participants' identity will be protected in the publication of any findings.
STORAGE OF DATA
How and where will data be stored and kept secure?
All electronic data will be stored on a password protected computer and encrypted using a password protected data encryption programme. All hard copy data will be stored in a locked filing cabinet in a locked office at Roehampton University. Data will be stored for 10 years and then destroyed.
EXTERNAL GUIDELINES
Are there any relevant subject-specific ethical guidelines?
<p>The research will adhere to the following British Psychological Society codes:</p> <ul style="list-style-type: none"> - Code of Ethics and Conduct (August 2009) - Ethical Principles for Conducting Research with Human Participants - Professional Practice Guidelines for Counselling Psychologists

Appendix 2 – Ethical approval confirmation

Email From: Lemady Rochard

Sent: 21 July 2010 15:22

Email To: Tom Graham

Subject: Ethics Application Ref. PT10/047 - GRAHAM, Tom

Dear Tom,

Ethics Application (Research Student)

Applicant: Tom Graham

Title: Values and Ethics in Counselling Psychology Training and Practice

School: HALS

I am pleased to confirm that the above application has been approved by Chairs Action on behalf of the Ethics Board. We do not require anything further in relation to this application.

Many thanks,

Lemady

Lemady Rochard
Research Policy Officer
Research and Business Development Office
208 Grove House, Froebel College
Roehampton University
Roehampton Lane
London
SW15 5PJ

Appendix 3 – Participant consent form**Values and Ethics in Counselling Psychology Training and Practice****PARTICIPANT CONSENT FORM****Brief Description of the Research Project:**

This research will explore the way that university trained Counselling Psychologists talk about the role of values and ethics in their practice and how their university training shaped this. An hour and a half discussion amongst a group of up to five Counselling Psychology trainees/graduates will be facilitated by the Researcher. This group discussion will be audio recorded and transcribed and the transcriptions will be subject to discourse analysis. All information will be treated as strictly confidential and any identifying information given during the discussions will be erased from the audio recordings and will not feature in the transcripts.

An open discussion format will be employed, asking participants to reflect on, and discuss amongst themselves, the role of values and ethics in their Counselling Psychology training and practice:

- What do the terms values and ethics mean to you in relation to Counselling Psychology?
- What role do values and ethics play in Counselling Psychology training and practice?
- How do you think your training and practice experiences have shaped your views on values and ethics?

Confidentiality Statement:

Participants should be mindful and respectful of themselves and others in what they disclose, and should observe confidentiality when mentioning client related or sensitive material. Participants should endeavour to maintain the anonymity of individuals, agencies, or organisations they mention, including the university they attend/attended. All information disclosed by participants must be treated as private and confidential and must not be shared outside of the focus group, including the identity of other participants. Due to the group nature of the study, confidentiality cannot be guaranteed in respect of information participants share outside of the research setting. Access to raw data from the focus group will be restricted to members of the Research Team (Researcher, Research Supervisor, and Director of Studies) and may be reviewed by an external examiner. All parties abide by the BPS Code of Ethics and Conduct. Raw data will be stored electronically as a password protected encrypted file on a password protected computer by the Researcher. Information will only be shared with others in the following circumstances: where legally compelled to do so; where the Research Team has reason to believe that someone is at risk of serious harm; where disclosure is permitted by law and required to protect the interest of the Research Team. Should the need to share information outside of the Research Team become absolutely necessary, discussion will take place with the participant(s) involved prior to sharing wherever possible. Identifying details of participants unrelated to the need for sharing will be removed from any shared information.

Consent Statement:

Please read the statements below and indicate your consent by ticking the box beside each one:

I have read and understand the brief description of the research project and the confidentiality statement above.	
I understand that I will partake in an audio-recorded group discussion with other trainee/recently qualified Counselling Psychologists.	
I understand that all transcripts and data drawn from the recordings will be anonymised by the removal of all identifying information.	
I understand that the audio-recordings and transcripts will be kept for 10 years and will then be destroyed.	
I understand that the anonymised data drawn from the transcripts will be used in a doctoral research thesis and potentially in future publications.	
I understand that all information discussed is confidential and must not be shared with others outside of the focus group.	
I understand that confidentiality cannot be guaranteed by the Researcher in respect of information participants share outside of the research setting.	
I have had the opportunity to ask any questions I have about my participation in the research project and am satisfied with the responses given.	

I agree to take part in this research and am aware that I am free to withdraw at any point by notifying the Researcher, either in person or using the contact details below, stating my research ID code. Should this situation arise, all contributions made to the focus group discussion will be erased from the recordings and transcripts, although others' surrounding comments will remain intact. Withdrawn participants' data will not be analysed and will not be published. Surrounding data from other participants, including responses to withdrawn participants' comments, will be analysed and may be published as part of the results. I understand that the information I provide will be treated in confidence by the investigator and other group members, and that my identity will be protected in the publication of any findings.

Participant ID

Signature

Date

If you have a concern about any aspect of your participation, or any other queries, please raise this with the Researcher. However, if you would like to contact an independent party please contact the Dean of School or you may also contact the Director of Studies as shown below:

Researcher: Tom Graham. Email: grahamt11@roehampton.ac.uk. Tel: 07733103988
 Dean of School: Michael Barham. Email: m.barham@roehampton.ac.uk. Tel: 020 8392 3617
 Director of Studies: Dr. John Rae. Email: j.rae@roehampton.ac.uk. Tel: 020 8392 3612

School of Human and Life Sciences
 Roehampton University
 Whitelands College
 Holybourne Avenue
 London SW15 4JD

Appendix 4 – Participant debriefing form

Participant ID _____

Values and Ethics in Counselling Psychology Training and Practice
PARTICIPANT DEBRIEFING FORM

Brief Description of the Research Project:

Thank you for participating in this research project. The information you have provided will be analysed using discourse analysis, which will attempt to understand the discourses available to participants when discussing values and ethics in relation to their training and practice, how these discourses are constructed, and how these discourses may influence how you think, feel, and behave. This approach assumes that there is no one version of the world and that no version of the world remains dominant forever because the social construction of reality through discourse is characterised by change and transformation. The proposed research does not therefore aim to provide a definitive deconstruction of Counselling Psychologist's discourses on the role of values and ethics in their training and practice; rather it hopes to illuminate some local and contingent discourses in respect of this research topic, which may stimulate further thought and discussion.

If you would like to be informed about the outcome of this research, please let me know so that a Summary Report can be prepared for you. For later requests you may contact me directly using the contact details below.

You remain free to withdraw at any point by notifying me, either in person or using the contact details below, stating the Participant ID Number given at the top of this form. Should this situation arise, all contributions made to the focus group discussion will be erased from the recordings and transcripts, although others' surrounding comments will remain intact. Withdrawn participants' data will not be analysed and will not be published. Surrounding data from other participants, including responses to withdrawn participants' comments, will be analysed and may be published as part of the results.

If your participation in this research has evoked any unpleasant or uncomfortable emotions, or if you have concerns or queries about any aspect of your participation, please do not hesitate to raise them with me. Should you wish to you can arrange a meeting with me where your concerns can be discussed in confidence and assistance will be provided to find you further support as necessary. To find a Counselling Psychologist or therapist go to the BPS website (www.bps.org.uk) and click on "Find a Psychologist", or visit the British Association for Counselling and Psychotherapy website (www.bacp.co.uk) and click on "Find a Therapist". If you wish to contact an independent party from Roehampton University in relation to this research, please contact the Dean of School or you may also contact the Director of Studies as shown below:

Researcher: Tom Graham. Email: grahamt11@roehampton.ac.uk. Tel: 07733103988
 Dean of School: Michael Barham. Email: m.barham@roehampton.ac.uk. Tel: 020 8392 3617
 Director of Studies: Dr. John Rae. Email: j.rae@roehampton.ac.uk. Tel: 020 8392 3612

School of Human and Life Sciences
 Roehampton University
 Whitelands College
 Holybourne Avenue
 London SW15 4JD

Appendix 5 – Focus group schedule and script

Focus group schedule

1. *Thanks and welcome*
2. *Information about the study:*
 - a. *outline of schedule of events*
 - b. *what is being investigated*
 - c. *how the group discussion will be facilitated*
 - d. *ground rules for participation*
 - e. *confidentiality policy*
3. *Signing of consent forms and opportunity to ask questions*
4. *Warm up - participants asked to introduce themselves, stating:*
 - a. *their name*
 - b. *(optional) where they are at in their training*
 - c. *(optional) where they are currently practising*
 - d. *(optional) any other information they feel it is necessary to disclose that is relevant to the focus group discussion and/or research topic*
5. *Research recap - purpose of study and what is being investigated*
6. *Opportunity to ask questions*
7. *Question posed to begin focus group discussion*
8. *90 minutes discussion (incl. further questions)*
9. *Debriefing:*
 - a. *reiteration of confidentiality policy*
 - b. *further information about the study and sources of support*
 - c. *opportunity to ask questions*
10. *Feedback*
11. *Ending*

Focus group script

1. *Thanks and welcome*

"Thank you all for giving up your valuable time to be here today to take part in this focus group."

2. *Information about the study*

a. *Outline of schedule of events*

"This is an outline to the schedule of events so that you can see where we are throughout the course of the session:

- First I will give you some information about the study
- Then I will ask you to read and sign the consent forms you have been given
- Then I will recap on the purpose of the study and what is being investigated
- There will then be the opportunity for you to ask any questions you might have
- Then I will pose a question to the group to begin discussion
- We will then have up to 90 minutes for discussion
- Which will be followed by a debriefing and the opportunity for questions
- After this the session will be brought to a close
- If you have travel expenses you would like reimbursing I will give you a travel expenses form to complete, otherwise you are free to go"

b. *what is being investigated*

"The purpose of this focus group is to explore your perceptions, definitions, and attitudes regarding notions of values and ethics in relation to your training and practice experiences. I am particularly interested in the ways in which notions of values and ethics have featured as part of your training and if and how you have transferred these notions into your practice. I am interested in any tensions you might have experienced between different conceptualisations of values and ethics within different aspects or contexts of counselling psychology. I am interested in your views on the values and ethics of counselling psychology; what this means to you, and how you speak about values and ethics when reflecting on your training and practice experiences."

c. *how the group discussion will be facilitated*

"You will have up to 90 minutes for an open discussion on the research topic which I will facilitate. I will pose a question to the group to get discussion started, after which you are encouraged to generate discussion amongst yourselves by responding to each others' contributions. I may occasionally pose further questions to the group as discussion progresses, either to clarify something that has been said, to open up an area that might be interesting for further discussion, or to bring the focus of discussion back to the research topic. I will bring discussion to a close after around 90 minutes and there will then be a debriefing period and an opportunity for you to ask any questions. I would also welcome any feedback you might have on your participation experience: the way in which the group was conducted; how it felt to participate; which areas were most interesting to you and which were least; which questions were clear and which were confusing etc. All comments are welcome and will be useful to me so please speak freely. If anything occurs to you after the session that you'd like to discuss with me further, or you think might be useful to me, please feel free to contact me via email or telephone using the contact details provided."

d. *ground rules for participation*

"During the focus group discussion, please be mindful and respectful of yourselves and others in what you choose to disclose, and please observe confidentiality when mentioning any client or sensitive material. Also please try to maintain the anonymity of any individuals, agencies, or organisations you

might mention, including your university. The research does not intend to engender discussion comparing different university courses or practice settings but instead seeks to gain some insight into each participant's unique experiences of their university training and practice. It is your opinions that are important to me and there are no right or wrong answers when considering the research topic or any of the terms used such as "values" and "ethics", it is your definitions and the way you talk about such terms that I am interested in. Don't worry about trying to build consensus amongst yourselves as a group; I'm interested in all the various comments you might have. You are not required to draw contrasts or comparisons between your experiences, although this may naturally emerge as part of the group discussion. You do not need to agree or disagree with what others in the group say, but you do need to state your point of view without making any negative comments or 'put downs' about others. Please don't talk over each other, or at the same time, and observe each others' right to contribute and offer thoughts and opinion."

e. confidentiality policy

"All information disclosed by participants must be treated as private and confidential and must not be shared outside of the focus group, including the identity of other participants. All information disclosed by participants will be treated as private and confidential by myself and the research team, and will only be shared with others where the Research Team has reason to believe that someone is at risk of serious harm, or where legally compelled to do so."

3. Signing of consent forms and opportunity to ask questions

"Please now take a moment to read the Participant Consent Form, paying particular attention to the confidentiality statement, and feel free to ask me any questions you might have. If you are happy with the content of the form and the confidentiality statement, and agree to the terms and conditions stated, please check the boxes and sign the form on page 2."

4. Warm up

"Some of you may already know each other and some of you may not, so please can we go round the group and have some brief introductions. If you could please state your name, and if you'd like to, where you are at in your training and practice, and any other information you feel it is necessary to share with the group that is relevant to the focus group discussion and/or the research topic."

5. Research recap

To recap, the purpose of this focus group is to explore your perceptions, definitions, and attitudes regarding notions of values and ethics in relation to your training and practice experiences. I am particularly interested in the ways in which notions of values and ethics have featured as part of your training and how you have transferred these notions into your practice. I am interested in any tensions you might have experienced between different conceptualisations of values and ethics within different aspects or contexts of counselling psychology. I am interested in your views on the values and ethics of counselling psychology; what this means to you, and how you speak about values and ethics when reflecting on your training and practice experiences.

6. Opportunity to ask questions

"Does anyone have any questions before I pose a question to get discussion started?"

7. Question posed to begin focus group discussion

"What do the terms values and ethics mean to you in relation to counselling psychology?"

8. *90 minutes discussion (incl. further questions)*

“How do you think your training experiences have shaped your views on values and ethics?”

“How do you think your practice experiences have shaped your views on values and ethics?”

9. *Debriefing*

a. *reiteration of confidentiality policy*

“Thank you all very much for your contributions. Please remember that all information disclosed by participants must be treated as private and confidential and must not be shared outside of the focus group”

b. *further information about the study and sources of support*

“The information you have provided will be transcribed and analysed using discourse analysis, which will attempt to understand the discourses available to you when discussing values and ethics in relation to your training and practice, how these discourses are constructed, and how these discourses may influence how you think, feel, and behave. I hope that you found the group discussion interesting and that it didn't raise anything too distressing for you. Should any of you have any concerns, you may wish to raise them with me and the group now or you may prefer to raise them with me in private. Should you wish to, you can arrange a meeting with me where your concerns can be discussed in confidence, and I will endeavour to provide you with assistance in finding any further support you might need.

c. *opportunity to ask questions*

Does anyone have any concerns or questions they would like to raise now?”

10. *Feedback*

“I would welcome any feedback on your participation experience should you have any, but please do not feel obliged to comment if you don't wish to. Does anyone have any feedback on participating in the group: the way in the group was facilitated; how it felt to participate; which areas were most interesting to you and which were least; which questions were clear and which were confusing?”

11. *Ending*

“Thank you for your participation today, it is very much appreciated. Please remember the confidentiality statement you have each signed and be mindful of what you share with others on leaving the group today. Does anyone have any final questions?”

Appendix A – Transcript A

1	MOD	What do the terms values and ethics mean to you in relation to counselling psychology?
2	A3	Hmm.
3	MOD	Remember there's no right or wrong answers.
4		<Laughter>
5	A3	What do values and ethics?
6	MOD	Yeah what do those two terms mean to you when, when t-
7	A3	In terms of counselling [psychology]
8	A5	[In relation to counselling psychology]
9	MOD	[In terms of counselling psychology] yeah.
10	A3	That's the difficult part of the question.
11		<Laughter>
12	A2	I would say the rules by which you conduct your practice, you view yourself, erm, as a practitioner
13		and, err, the way you conduct your therapeutic encounters, the way you conduct yourself outside
14		those therapeutic encounters in terms of your relationship with the clients, what you, kind of,
15		obviously the ethics in terms of how, how you run the sessions and boundaries and also outside,
16		kind of what you, what you do with that material, who you share it with, erm, confidentiality, things
17		like that I would say. When you say ethics that for me is like one of the main things, confidentiality,
18		erm, kind of making sure that, I guess as a counselling psychology trainee you're, you need to always
19		get consent, so there's always that conflict and tension between, erm, getting consent for, for erm,
20		your, your own progression, or for your, or for your, erm, experience, but also for the client to
21		actually, how true, how, how kind of ethical is it for the client, and how, how, yeah. I think it
22		actually, erm, is against my value as a therapist, asking for consent for your own progression or for
23		your, erm, qualification, so it doesn't, yeah it conflicts my value but I guess you do it 'cause it's an
24		ethical-
25	MOD	So for you there's something about a conflict between your personal values as a counselling
26		psychologist and
27	A2	And erm, ethical boundaries, so in terms of training as a counselling psychologist you need to get
28		consent from your clients in terms of presenting their, their, their problems and case studies and
29		etc. erm, and, and, oh sorry I've lost my train of thought but, yeah, basically that it conflicts, as my
30		value as a therapist is to keep everything within the context of the room, or maximum to
31		supervision or to personal therapy, things that progress the therapeutic encounter, the relationship,
32		and erm, as a trainee you need to do things that progress your own career and your own
33		development and it's actually, it's err helpful for the client in that you spend a lot more time
34		thinking about them but it's actually quite a selfish experience for me and it makes my desire and
35		neediness of the client very different and it really interferes with that interaction, the first session of
36		therapy I'm always thinking, I'm always anxious about, oh my god which point is good for me to ask
37		for consent? Should I ask now? Do you think now? Do you think he's gonna say yes? Will she say
38		yes? How do they feel? Oh my gosh, do they think I'm, do they think I'm good or bad, has it, has it
39		gone well? Did, did they just give it to me smooth? Am I clear? Can I, can I get, get this for my
40		course? And it's really really not where I wanna be because all I wanna really be is containing and
41		safe and with their, and with them and their stuff and I'm, kind of, conflicts constantly thrown back
42		in that first session to my own stuff. It really only really affects that first session or at whatever point

43		I have the guts to ask them for consent so it really interferes, so in terms, well the first thing that
44		comes to my mind when you say ethics and values is that conflict and that difficulty I'm currently
45		facing as a third year trainee, finishing, needing to get consent for different course-works and, and,
46		and that, and also kind of really, at this point, having a much more formed sense of my i- identity as
47		a psychologist and what I would think is appropriate and not appropriate. What about you guys?
48		<Laughter>
49	A4	I was thinking more about the erm, for example the BPS err code of conduct and ethics, err where
50		it's kind of clearly written how erm psychologists don't want, you know, what you should look out
51		for and what's important, and to kind of adhere to the standards, for example when we do research
52		or when we are with clients, so that was the first thing that came into my mind when I heard ethics
53		and values, erm, and yeah I guess from what you were saying as well, erm, I wa- I feel more that's
54		err sort of something about, erm, erm o- obviously it's selfish because you also progress your career
55		but it's also important, erm, to learn and to kind of err be a good therapist for clients and in order to
56		be that you need to erm, to learn and you need erm, the c- err the consent of of clients to be able to
57		do that, so in that sense I don't really feel selfish in that respect because it is important to, erm for
58		other clients you have in the future, and also for that client because you were saying that you think
59		a bit more about it and you have more time to reflect on, on issues with that client. So yeah, I don't
60		really share I think this sort of tension so much.
61	A1	Mmm, I would say like, I've got a real conflict of interests though, that I would relate with in what
62		you're describing, we've even talked about it before that, the, the level of dependency and needs
63		that I feel in relation to, erm, particular clients, if you don't have much choice or there's a time limit
64		or, erm, there's particular learning requirements you have to demonstrate and maybe, you know?
65		Err there's a real fear and anxiety around that and what am I willing to do, possibly, in order to, you
66		know would I breach my own ethical and moral standpoint on what I feel would be coercive or
67		maybe leading or, you know erm something like that with a client in order to get, you know consent
68		to, to present their work, err, or the work we're doing together, yeah? And, erm, like I've been
69		fearful that I would be driven to do something like that by institutional requirements like this
70		training and, erm, it's a horrible horrible feeling because the more I would question myself the more
71		I'd be like, oh my god like, you know maybe I, I might do that if I really really really really had to, and
72		I wouldn't, I mean, the thing is, if I had to face a year, repeating a year because I couldn't get a piece
73		of consent, right, that's gonna be anonymised and confidential and the whole lot, err you know it's a
74		little like, oh shit who is going, who would wor- I don't know, I mean you , I, is it like an alcoholic
75		kind of going through the motions of, gee you know I fancy a drink but I shouldn't have a drink, you
76		know I have the a real angel and devil on my shoulder, and I've been close to that with, you know,
77		one of my pieces of coursework where, I mean I, what I did was, to protect myself, was to ally
78		myself with my supervisor and say, look I'm really worried that I might do this, you know, I might,
79		you know be overly, maybe erm, coercive in trying to recruit the, the mother and daughter I'm
80		working with here so maybe he'd think with me, if we come up with a script of how I might put it to
81		them, that would, you could verify that it's not overly leading you know? 'Cause I was actually really
82		worried, that I, I'd be like my desperation would be coming across or something, erm, and so he
83		went through it kind of with me about what would be like a, a reasonable thing to, to say, erm, and
84		that way I followed that and, I mean it was kind of prescriptive but it, I was that anxious of my need
85		getting in the way or what I would do if, you know, they, they didn't want to agree or whatever,
86		erm, that it, it ca- it came in between me and like how I was in the first session with them, the
87		therapeutic relationship, the balance of power, the conflicts of interest, my own anxiety and my

88		own morals, like where do, what am I willing to do? You know am I willing to possibly compromise
89		the trust of the, the very basic trust that you have to have in a relationship like that and possibly
90		misuse my power in order to gratify my needs and concerns, my training requirements, erm, I really
91		really struggled with that and, erm, I was lucky that it worked out, you know? And I like to think
92		that, I wouldn't, I wouldn't have been leading or I wouldn't have you know, erm, somehow fudged
93		things or something you know but, it's a horrible feeling to have to have and those questions are
94		very difficult, you know?
95	A4	Yeah, I guess I always ask every client, every single client I have, with the first initial contract, I
96		always ask them for permission so I never, erm, have this sort of, I, I choose a particular client for a
97		particular piece of coursework, so whenever I have a client I try to get the c- their consent and ask
98		them so sort of as a standard question, so I don't really f- have such a, make such a big deal out of it
99		because I, I do it just a re- on a regular basis? And then that also feels that I don't let clients, err, on
100		this sort of particular, you know I'm seeing them I think, oh they might be interesting so I'm asking
101		them, so it's more about I'm asking everyone and decide afterwards what, which might be useful for
102		coursework,
103	A2	Yeah [the mental stress pressure I think is much less.]
104	A4	[so in that sense maybe that helps.] Mmm, yeah.
105	A1	I could, I, I totally get what you're saying, it's not the asking my clients for permission, it's just, it's
106		like, I'm fine with that, like in my first second and third year I, I asked maybe a third of my clients
107		sometimes more, just so I have enough material whatever, but I guess it's when, basically erm, it's a
108		bit like if you have a big pond or a small pond to choose from yeah? And with my, yeah my systemic
109		placement I only have two possible people I could choose from, err, for the particular module that
110		we're at here, whatever, so that's when it becomes more of an issue, it's not, not the asking it's the,
111		the need or the level of dependency, erm, no matter () the individual or you know err
112		clients or client, you know, erm, ()
113	MOD	How do you two feel about this kind of tension, I feel like there's a bit of a slight difference between
114		you two, maybe?
115	A5	I think the tension comes out in a number of areas of training especially when it comes to getting
116		the, the right, like, coursework and the right amount of hours that are required, I mean I experience
117		that tension, when I'm tight for hours I see the client as an hour, unfortunately, not as the client and
118		if the client doesn't come the first thing that comes to mind is, I've lost an hour, not what's, you
119		know, like what's up with the client and my instinct to call would be to see, to if he- if he could
120		come, you know as soon as possible so I don't lose the hour, not to see, you know and then it's very
121		different when I, when I have enou- you know when I'm ok, when it's that point in the year when I
122		have enough then I notice I'm very different, you know and a client not coming, obviously it's how I
123		would like to be and what where I feel my values as a counselling psychologist are and should be, it
124		would be more about, erm, you know what's up with the client and how is this, does this tell me
125		anything about what's happening in our relationship, does it tell me anything about what's
126		happening in their lives etc. So I think there is quite a, a conflict, I, I can identify very much with the
127		issue of consent as well, I think not just that I think it's [(trust).]
128	A4	[Yeah I think it's important] what you were saying about the hour is also related if you're working
129		and getting paid for it as well, so you, you know if you were in a private practice later or if you get
130		paid for a session as a sessional worker, then you also have this, oh I've just lost £25 <Laughs> so
131		that's something that's just really horrible, horrible to think err about I guess as well if you, but
132		that's sort of kind of a natural response I guess if you also have to live from what you are doing

133	A5	Mmmhmm, uhuh [uhuh.]
134	A4	[and you know] if that's ethically, I don't know, or is that appropriate or politically correct to think
135		that way obviously [().]
136	A5	[I don't, I mean, I (guess) not really but.]
137	A1	Also leaving the therapy going on longer in duration than possibly (they need).
138		<Laughter>
139	A1	I think this is a very very common thing, not just for trainees, I think especially even for people in
140		private practice, where if you're in the NHS people will be shoving, shoving you to like push them it's
141		out too soon and you're like, oh no we I wanna hold on to them for longer, erm, because I don't feel
142		like it's enough, and you might be putting them out too late if you have a, an incentive that you're
143	A5	[That's true, yeah.]
144	A1	[gonna gain, erm] from actually holding on and, erm, and again that's where, where do you have
145		your ethical and moral standpoint as to what you feel is helpful because, erm, a person could be in
146		therapy for life if you leave them, you know, there's always something coming up err but, why are
147		you there for, you know, who are you, whose needs are you serving, and it's a it's a mutual need
148		thing, so there is, there's motivations on both sides for you to, to be there, and not just for the
149		therapeutic value of it but in an actual monetary way 'cause it's a business as well, like and that's a
150		fact of life, I don't feel guilty, down the line I'm getting paid for doing the job you know? Erm, but I
151		would, if I thought I was using them, s- more for my purpose than for what they're, their, you know
152		what I mean?
153	A4	Hmm.
154	A3	It's interesting what you say about whose need are you serving, because I often find, besides maybe
155		I don't know, I'm not yet in the money situation so it's not about money or NHS times, that I kind of
156		tend to actually fight that if, if someone tells me to do something because that's the standard I tend
157		to want to bend the rules but sometimes for example I worked with this couple where yes I had to
158		present the case and was not, that worked that worked fine with regards to consent but I felt like I
159		was not yet fit in the sense that I was still getting used to working with couples and I, and I didn't
160		offer them enough, so I wanted them to come longer so that we could actually do something that in
161		my eyes was good and useful and something came out of it but I'm not sure if that was their need or
162		my need to prove that I can do it, you know what I mean? Or it's some sort of err unrelenting
163		standards kind of situation but not unrelenting just wanting a certain amount of things to come out
164		of it. So in that case, as well.
165	MOD	So could you say a bit more about if, if there is some sort of notion of, of there being different kinds
166		of values or ethics of the university or the institution, to use your word, and then there are different
167		kind of ethics and values of either whether you term that being a practitioner or something
168		personal, what are those two different sets?
169	A3	I think for me this was quite evident this year, 'cause I'm working in a very short term therapy
170		setting and six sessions is what it is, erm, and I'm asked to kind of literally churn people out of the
171		system and tha- that for me, even just that sentence which I, it was actually said to me, erm, really
172		kind of gets me going, I, I can't, I feel very strongly about that and I mean I understand to some
173		extent the restrictions of err money and time and whatnot but my entering counselling psychology
174		had something to do with wanting to focus on the individual and understanding that individual and
175		if that individual can do it in six sessions, in four, fine, if they can't then you need to work with that
176		somehow, you can't go on forever, that's ok, because there are limited resources, but you know,
177		there is an amount of flexibility that needs to be there in my opinion, erm and within the setting

178		there isn't this flexibility absolutely, so I find myself, I don't even know how I reconcile that, it, it's,
179		it's an ongoing process, I, I it's difficult for me, I find myself thinking, ok then I need to make the
180		changes as a therapist I need to be more efficient, more, maybe a bit more directive I need to be,
181		you know, stepping up on my game in a sense, I don't know if that's the right English expression,
182		erm, but, I don't know, I don't know () thing, but it's been something that I've been
183		battling over this year I think, erm, out of
184	A3	Mmm, I mean I'm in a similar setting where you only have six sessions and I f- I find that quite
185		challenging as well but then I, I think I kind of justify it in the sense of giving them a flavour of
186		therapy, of how a therapeutic relationship might be like, so if they enter at a, err later on again they
187		know it is possible and they've, they have some valuable experience even though it might have not
188		changed a lot in that present moment but at least they had some, yeah good experience about it,
189		but I guess that's sort of for me about justifying why it is six sessions so in, in order for me to be able
190		to work in a setting like that, rather than actually thinking so much about the client it's just about,
191		for me, finding an excuse that sounds good so I can, I can continue working there, you know, so
192		yeah it's a, quite a tension I find that as well.
193	A3	I, I think it goes against my basic value of what counselling or healing is in effect because the whole
194		idea of it being through a relationship, that you have a different sort of relationship to maybe
195		outside relationships which are difficult or whatever, erm, a- and that requires a certain setting and
196		a certain amount of time which will differ from person to person, so if they're coming to six sessions
197		for you then three months later they're coming for six sessions for me, that relationship is not there,
198		so for me, maybe not ultimately but nearly, that kind of healing base, that that base from where you
199		heal cannot really occur and it's the whole, the whole system that is pushing this, they're pushing
200		you know CBT, they're pushing let's let's reduce erm symptoms, let's make people seem like they're
201		better, work, function better, ok, work, function but err wha- what's underlying that you know?
202	A1	Feel better, it's not necessarily the same
203	A3	Yeah, feel better
204	A1	or be better.
205	A3	be better, what's the difference between that?
206	A1	Mmm.
207	A3	Erm, I- every time this this thing comes to mind, a book comes to mind, err A Brave New World by
208		someone Huxley, I can't remember his name, erm, I think it's Adolf or something actually
209	MOD	Aldous.
210	A3	That's the one. I think it's, like, we're on a production line, we're trying to get, churn people out, I
211		was actually, it was actually used, the sentence, erm, go through the motions kind of thing and I find
212		it very difficult because then I tend to want to, yes the motions are important but let's give them
213		meaning and sometimes it's not very easy to do that in six sessions.
214	A4	And I guess that links with err antidepressants as well, 'cause most of the clients, or lots of the
215		clients I'm seeing, are from GP- referred by GPs and they, most of them are on antidepressant in
216		some form, low dosage or whatever and that's a similar approach to, okay just give them a pill and
217		they'll get better, or give them six sessions they get better, just get them, you know, get them going
218		again, get them working again, so we can err, erm, err improve our statistics and reduce our waiting
219		lists and yeah, it can be quite cynical, I think, and that's something, yeah.
220	A3	Well even clients in a way that's what they want
221	A4	[Mmmhmm. Yeah. Quick fix.]
222	A3	[they want to have their symptoms reduced they can keep] going on kind of living life on the surface

223		of it, maybe it's a bit judgemental of me but, you know, the whole idea of the unexamined life is not
224		worth living is probably exactly why I'm into psy- counselling psychology or psychology in general
225		because that's the examined life, more examined than that I don't think you're (going to get),
226		anyway I don't know what you think
227		<Laughter>
228	A3	I'm monopolising this thing.
229	A1	You're fine.
230	A3	So, yeah, that's what I, that's what's going on in my head.
231	A1	Mmm, I, I was thinking about like, 'cause this is a quite broad sectorised thing, you have the university
232	A3	Mmmhmm.
233	A1	demonstr- demonstrable err, kind of needs, okay, for fulfilling your educational requirements, for
234		justifying err certain things, right? Now, in terms of where and what I have learned err the university
235		has provided with me lots of thought and consideration and a place to develop you know, but the
236		competency sometimes can be in conflict with the principles, or the values, or the ethics that you're
237		also being taught in, you know, in terms of erm, err, the practice, I guess that we spoke a bit earlier
238		about conflict you know and so, erm, in order to show something you have to like get evidence for
239		it, so like when, you know it's kind of like ethos, so there's a lot of overlap like evidence-based
240		practice, then you have practice-based evidence as well so it tells you that maybe six sessions for
241		this person in this particular moment and treating the clients as a unique individual, erm, I, I would
242		say following our assessment err that, y- you know, it might be helpful for a bit longer, right, but
243		there's a lack of flexibility, possibly, that's in there, or erm, there's a kind of course of nature to
244		what, what the different systems that you're in, kind of place upon you so here I have to show my
245		work in a certain way, I have to work in a certain way, erm, according to what the evidence says,
246		which makes sense but there's, there's less flexibility, in, in, in how you can think about it and what
247		you can do, in, in terms of the relationship in some way, erm, and I think that applies in the NHS, it
248		applies in the university, it applies possibly, erm in any organisational setting where you have to
249		work with other people with particular policies and procedures and the general zeitgeist of the time
250		and at the moment there's erm, a very specific way that people are supposed to work even if their
251		training models might have been different, erm, you know, so, like, some people worry about having
252		a job if they're existential, err, you know, therapist or, err, you know person-centred or whatever
253		you have to justify your work and sometimes things aren't that easy to justify. You may, you may
254		have a feel or you may kind of know or sense it or put up a good argument for it but you may not be
255		quite so easy to, to justify what you're doing, erm, I think like, there can be conflict of interest
256		between what you have to show and do next to what you may feel would be helpful to do or to your
257		practice are kind of helpful at times, so you can flexibly try out a bit more so, erm, in being curious
258		and being willing to be versatile, I think it's harder to do that now, like, within, within the learning
259		outcomes of your training and possibly within the settings that your practicing, you know, erm, and I
260		think the universities have to go by the same kind of principles 'cause they're regulated, err as well,
261		you know, an- and all of that makes sense but if you're the individual developing and you're trying
262		to think for yourself, you're trying to, you know, see how do I fit in with all of this? Like my personal
263		value is if I don't respect the individual and their needs and what, you know, really would help them
264		the most then I'm not, I'm not really doing my job, I'm not really doing what I'm saying I'm doing,
265		erm, and I'm not necessarily comfortable with that, so
266	MOD	So how do you think your training has shaped your views on what these terms mean values and
267		ethics?

268	A1	I think in terms of ethical responsibility, like, the values of the therapeutic relationship, the kind of
269		humanistic values, the core values of the importance of the person, erm, I think they're all very
270		much emphasised, err how- however, it isn't in a vacuum so they do also let you know, or you know
271		kind of show that there is an evidence-based practice culture and you do have to have specific
272		requirements as to what you're gonna demonstrate and things so, erm, they can be in conflict with
273		each other and that's kind of something that has been discussed relatively openly, I think that's kind
274		of helpful but, erm, the nature of counselling psychology values and identity is also evolving and like
275		clinical psychology and counselling psychology now are becoming slightly more intermingled and
276		then you have different models of thinking like the medical model, you know which may be more
277		symptom-based or, err, I guess pathologising, possibly, than maybe err looking at the individual and
278		systemic or constructio- social constructionist kind of ideas, so the philosophy of thinking as well is
279		kind of something that's important in terms of your approach to thinking about your work, err what
280		you value in it and how you go about it, you know, erm, [I don't know.]
281	MOD	[And do you feel that's something] that's, that's come out through your course, that's been kind of
282		encouraged and
283	A1	Yeah to think, to be aware, to consider, you know all sorts of different ways of thinking, you know,
284		theories of knowledge, ac- acquiring, you know, erm, difficulties or, or presenting issues, err, how
285		you may treat them, the different ways that they all seem to work, like the common factors idea
286		that, you know, it doesn't really matter which therapy you go for it seems that the outcome is pretty
287		much similar err in most, some slightly better than others you know but, I mean there's no
288		glorifying, there's no complete denial, you know, erm which is helpful I think, but also, you know I
289		remember the first year when I was hearing about the dodo, you know, effect or whatever and I was
290		thinking, what the hell am I training in like field depth for these two things, you know, but there is a
291		real good sense of identity you know, having a sense of grounding like a formulation you know? It
292		may not be the way of understanding the person but it's a good way to frame how you work or the
293		way you're understanding and you can add in new stuff so, in the same way like, my identity as a
294		counselling psychologist has been very much shaped by what I have learned, the specific models of
295		therapy that I've learnt, with consideration that others would work possibly just as well too, erm
296		but, you know, you can't do everything at, at once, so it takes a long time to get any specific skills,
297		erm, you know kind of developed really to be have any expertise if there is possible to have
298		expertise in what we do outside of gaining experience you know? You know I think I've gone on a
299		waffle, I don't know.
300		<Laughter>
301	A2	I think another value is that of supervision, that the course has kind of erm instilled in us this value
302		of having good supervision and always taking things to supervision and utilising supervision and I
303		think another, again another kind of conflict is when your supervisor has a different model or way of
304		practising than you and therefore kind of encourages you to maybe break ethical boundaries that,
305		erm, that fit with your theoretical approach but don't necessarily fit with theirs, for example
306		consent, my psychodynamic supervisor says that in all the psychodynamic books, in all of the
307		literature, there's never any consent been asked for, and it's all changed but she completely felt it
308		was completely unethical and inappropriate and how difficult that ma- made it for me I ended up
309		not being able to get consent from that placement because I think the conflict that arose in me was
310		too, I couldn't really manage it with my clients I couldn't really justify, I couldn't get it out I couldn't
311		ask in this service, I've gone to my other services that I work for but it just showed me how much
312		your supervisor can impact, kind of the value placed in your supervisor, them as the expert you

313		know you're really wanting to take their advice and guidance but when it actually comes into
314		conflict with your training and your needs and your own ethical boundaries and how I wasn't really
315		willing to project that on to my client, I wasn't really willing to let that get in the way of the
316		therapeutic relationship and I, it just, it was very difficult for me 'cause she said, my supervisor said
317		to me, you can ask, do what you want, but just so you know I think it's completely unethical, no
318		psychodynamic therapist would ever ask for consent and erm, and it then kind of led err feeding
319		quite a lot of my own insecurities, erm about say being a trainee, being young, all these different
320		things, erm she managed to bring up for me that probably her psychodynamic thing brings up all my
321		anxieties but erm, just how much that kind of you have this value of using supervision to enhance
322		your practice and I'm sure this experience will enhance my practice in the future, I think while I'm
323		going through it it's quite challenging for me to, to value what she's saying and also to find myself
324		and the confidence within myself to stick to what I believe in and stick to my own kind of, my own e-
325		xperience which has shown me that let's say CBT is very helpful, so even if it doesn't fit what, what
326		she feels it's used for it fits with me and also that it doesn't always break the, the therapeutic
327		relationship if you ask for consent or if you, if you are directive or certain things like that so I think
328		there's that, again another kind of conflict between your own personal identity and your
329		supervisor's identity and how you can kind of manage that and the university, it, the university
330		identity almost, so all the different types of influences shaping your values and how to kind of come
331		up with your own.
332	A1	Mmm.
333	MOD	So you've said a bit about personal identity and you've also said personal values
334	A2	Mmm.
335	MOD	and personal ethical boundaries
336	A2	Mmm.
337	MOD	so could you say a bit more about what they are?
338	A2	So my own identity as a counselling psychologist obviously based on my values, so value of the
339		client, whatever they bring, going with what they bring, putting the client in front of the model I'm
340		using and not the model in front of the client, which I think in training is quite hard, you wanna use
341		your CBT, you wanna put it in to practise and feel successful and if you haven't done your thought
342		record effectively or you haven't checked in on the homework task properly then you feel like, shoot
343		I'm a crap CBT therapist, but actually you've actually gone with what the client has brought, and
344		quite hard to stick to an agenda but knowing the value of sticking to an agenda and that's really if
345		the client has come for CBT they, and you've, you've discussed and given them education properly
346		about what CBT is, you've kind of made the commitment that you will be guiding them and trying to
347		help them get back on track when they don't do their homework and, you know like, keeping them
348		focused on the, on the things, erm, and then kind of, how easy it is to veer away from that with
349		them, sorry I'm trying to go back to your, the question you're asking me, I keep, it's hard to like,
350		erm, stick with the values and ethics 'cause I think that it just, that word really brings, I can see it
351		with all of us, it's not really, it's very hard to stay with it, it seems like I just wanna go on other, other
352		avenues because maybe that, what my values are, is kind of really a load of experience that kind of
353		informs my values, so back to the CBT aspect
354		<Laughter>
355	A2	so the value of erm, yes, putting the client in front of the model
356	A1	Subjective experience kind of thing?
357	A2	yeah that

358	A1	Right.
359	A2	put the, yeah, and, and going with their subjective experience and not imposing but kind of trying to
360		also help them, so if you're sticking to using a certain therapeutic model it's not always so beneficial
361		if you continue with their, with their kind of thought processes and their tangents and you kind of go
362		in to their resistance instead of challenging it, so trying to always weigh that up and balance
363		between, between what the client is bringing, going with their subjective, subjective experience but
364		also knowi- going with what, what the research has taught and what you kind of have, know is
365		useful, there's no point in intro-
366	A3	And formulation also.
367	A2	yeah, introducing say like a thought record and then not helping them understand what automatic
368		thoughts are and understanding and trying to become a better observer of their thoughts if they
369		don't stick with it, it's easy for them to go off, so that's one value, I'm trying to get it, I guess erm,
370		another value would be, erm, an ethical, I said something about you know keeping the material in
371		the, in the room and kind of always discussing with the clients at the beginning the fact that this is
372		their confidential space and I, I kind of try to say that if there's, I do meet with a supervisor weekly, I
373		say to them so if there's anything you really are, you know intent that I don't repeat, as long as it's
374		not a risk to yourself or others around you please do indicate that to me, so there's that kind of that,
375		I want them to know that there is that safety and trust and even though I do share things that I, I'm
376		willing to, to, to keep things within, within the therapeutic room and that's I guess something ethical
377		for me about not breaking any risk barriers but also, erm, being true to my client.
378	A1	I think there's something about that though like you you mentioned at the beginning rules, I mean
379		there's rules and there are guidelines and there's kind of a mixture of the two, it's not so strict,
380		because that's the moral or ethical grey area, you know it's why it's a whole area of kind of research
381		or, or, you know, well, it exists kinda, like in terms of disclosing sometimes that can be helpful and
382		sometimes it's not, depending on how much you do it and your motivations for it and possibly even
383		you know the individuals (), it's very difficult to say with these things, certain things that
384		are risky can potentially be helpful and potentially be unhelpful, or damaging or, you know, erm,
385		ethically, you know, possibly questionable, you know, erm, but it's not always easy to say, you
386		know? Erm, and I was thinking about competency when you were talking like so we were, we were,
387		you know part of the university erm requirements is that you evaluate your own competency
388		throughout, as does your supervisor, and you shouldn't work with someone who you don't feel
389		competent to work with. However, when I first started seeing clients in my very first year I had zero
390		competency in practicing CBT when I saw my first client and that would be ethically, you know,
391		probably extremely questionable and also in terms of the university, erm, I would wonder that, why
392		are they allowing me to practice without necessarily having taught me how to do CBT to a high
393		enough standard before I start to practice? And I, I wondered about that myself, I, I thought, I
394		questioned my own ethics at that time, I felt like, mmm I'm supposed to practice 'cause I need to do
395		the hours but I'm also not supposed to practice until I'm competent to practice with this individual,
396		erm and there's a time limit to this and I know that if I wait around until I feel like good and ready
397		<Laughter>
398	A1	whenever that may be, you know
399	A3	You fail here.
400	A1	erm, I'm fucked, you know?
401		<Laughter>
402	A1	So what am I gonna do?

403		<Laughter>
404	A1	I'm gonna, I'm gonna try my best, you know, erm within my competencies as a person, as someone
405		who's worked with people who are very distressed and all sorts before, erm, I, I, I, I have a good
406		sense of a therapeutic relationship without training, specifically I'd done counselling courses before
407		anyway but in terms of what I'm provided here, erm, if I was presenting myself as a CBT therapist I
408		thought, no way could I justify that at this point you know? But erm, it can you know, it's like
409		competency's really hard to evaluate too because every time you, you change model and you're
410		encouraged to train or, you know do your practice in more than one model during your training,
411		erm, and I've done four, each time I'm starting at the beginning I'm like that individual back in first
412		year because, totally different skills, got totally different learning requirements, erm, environment,
413		context, population, complexity, the whole lot, it's totally different and, erm, and the same issue
414		keeps coming up for me I feel like deskilled, incompetent, questioning my ethical stance on, you
415		know, err am I fit to practice with this person, would they be better off with someone more
416		experienced in training? I have to be relatively direct about, you know, being a trainee but saying
417		how much experience I have could undermine their trust in, or belief in, the therapeutic relationship
418		and the placebo effect is a big part of their efficacy, so I, I shouldn't be undermining the one thing
419		that I have going for me, erm, you know, or, you know that it would be ethically important for them
420		to have, but at the same time without disclosing my lack of experience am I being ethically immoral,
421		erm, or not immoral, but ethically questionable I'll put it that way, erm, but it's a very interesting
422		thing competency, 'cause I've, I've done some research as part of my research, err into supervision
423		and expertise and how it's developed and how long it takes, and it takes about ten years for
424		someone to become kind of an expert in a particular skill, not particular model, skill, one skill, like
425		say intervention even or, err, you know, anything, right? Erm, so I'll wait around ten years, how will
426		you get to that ten year period by practicing the skill, right? Erm, you can't practice a skill or become
427		competent, err, you have to be incompetent while you're becoming competent if you know what I
428		mean, so you have to practice the skill while getting to where you're going. The very principle they
429		have here is, you do not practice until you are competent, is an oxymoron, or it's contradictory in
430		terms you know? You can't become competent without being incompetent going towards
431		competency, practicing the skills which you do not fully have the, you know, experience or
432		knowledge to do to that required competency level to say that yes now I'm good to practice, or kind
433		of reach a point in time where I feel like, you know I met the requirement that they have for
434		working, you know? Erm, I I just find it, it's a, I don't know I find it kind of funny but it's an ethical
435		dilemma of a sort like, amongst the many, err
436	A3	A1, I, sorry, I, I like what you said about the first year, I completely agree with that, that you- we
437		started seeing clients even before having started lectures in CBT, I think I did at least, and totally
438		agree with you, but what you're talking about now, you know, fit to practice, duty of care comes up,
439		I, I don't know if you're interchanging the two 'cause fit to practice, I don't know if that's to do with
440		the model or to do with your own personal situations, let's say if you, I don't know, err, just been
441		through a separation of sorts let's say, you- it's difficult maybe to work with someone who's going
442		through a separation of sorts because it's way too close to home for you to be able to, to help
443		effectively, erm, whereas duty of care, you know there is, there is also the concept of being good
444		enough, you don't have to be skilled completely, ten year kind of guarantee thing, erm, you can be
445		good enough, I guess.
446	A1	I totally agree but what I was saying was that if you look at what they actually have written here as
447		part of the requirements for the model, for the module, erm, placement module, you cannot

448		practice unless you feel competent to do so and you should refer to someone who is if you're not,
449		you know?
450	A5	That's our institution you say?
451	A1	This is
452	A5	[Not HPC or]
453	A1	[this is] yeah our placement module, our training programme, the institutional [requirements]
454	A5	[I wasn't even aware of that.]
455	A1	and I find that that's ridiculous in, i- no I mean it makes sense, like in terms of how- am I good
456		enough, right? But it's not how they put it.
457	A5	Mmm.
458	A1	Do you understand what I'm saying?
459	A5	Mmm.
460	A1	Right.
461	A5	Because another value that is stressed and is an important value for me is the idea of practice, the
462		idea of making mistakes but, you know and I think it's, it's been my impression that it's been, you
463		know discussed here as well, the idea that even when we present a case or we discuss a case that it
464		doesn't need to be, erm you know, perfect, to the contrary, it's important to reflect and discuss
465		where your challenges were and also what you can improve on and that's the only way you can
466		improve, by practicing, making mistakes, going over those mistakes, I think for me it's
467	A1	You can learn by making successes and seeing what worked well too like
468		<Laughter>
469	A5	Yes that's true
470	A1	there's two ways.
471	A5	but I don't think you can learn just on success.
472	A1	Yeah, I agree.
473	A5	For me, it's, my value is that, the fact that I have to make m- I have to make a mistake but I've learnt
474		a lot from my mistakes
475	A1	Sure.
476	A5	I guess.
477	A4	And I guess that's also when you are with a client and have a th- good therapeutic relationship that's
478		something that you are working with as well, of seeing what works with the client and what doesn't
479		work with the client and be kind of open and honest about it, which I think I like about CBT that you
480		have this erm, quite, quite team-like err relationship with the client where you don't have to
481		pretend to know ev- everything and to be the err fantastic at everything, so I, I think that makes it
482		quite, erm, good to connect to a client and be on equal level rather than being the expert erm,
483		which maybe sometimes when you have erm, it's a generalisation but if you have a psychodynamic
484		erm therapist which I find it's a bit more in that way, that you feel that the counsellor has the o- the
485		expertise and the client is sort of recei- on the receiving end in a sense, so err, you know, that's
486		maybe ().
487	MOD	So do the client's values feature somewhere in there?
488	A4	Erm you mean when, with the sort of what they, what do you mean by that?
489	MOD	Well, I guess I'm conscious that you're all talking about your values and counselling psychology and
490		the institution and placements and theory, and I'm wondering where the clients' values might
491		feature?
492	A4	Mmm, well I guess that's when I'm asking them what they want, for example they want to gain from

493		therapy erm, why they are there to kind of, collaboratively working on goals, what they would like
494		to achieve, in that sense that comes in of what they expecta- expectations are, asking them for
495		feedback, asking them for what they wanna achieve and what they want to, have differently, things
496		like that so, kind of constantly asking for feedback and erm, yeah, taking their erm, you know, side
497		into consideration so, erm but I guess it's also but if clients want a, erm, someone who is more, err
498		maybe directive or more erm, sort of err, I don't know maybe more like a teacher, I guess this is also
499		something that maybe a therapist can erm adopt too as well, in that sense so if, if one senses that a
500		client err would benefit from a bit more of a teacher stance maybe that's something that erm one
501		can consider, I don't know.
502	A1	[I, mmm]
503	A2	[Yeah I think], oh.
504	A1	I was thinking about client preferences like what you were saying, so listening to what the client
505		wants is very important, err allowing them to feel empowered as well so they have an influence
506		over what happens and what you're doing and where you're going and that they're considered very
507		carefully, erm, and what outcomes you're going for so, they have to be shared to some like you're
508		talking about collaboration, you know, erm, how much, how much do you allow yourself to be err
509		let's say guiding or facilitating, directing or erm, you know, what influence you have, so for the client
510		to know that they have the position of influence and power over what happens there, that they're
511		considered, erm, and that they have expertise in their own experience, so in terms of the subjective
512		experience we were talking about earlier on so, that they are valued by you, by hopefully the setting
513		and the place you are in and that they're respected, so we were talking about confidentiality earlier
514		that the information they provide is respected and valued and considered and it's very important
515		and erm, I guess that's all part of the relationship though, you communicate that much by what you
516		say, by how you are with them and what you do, how you think about them and how they feel in
517		relation to those things, erm, 'cause client values are very difficult and intangible I think it's like, we
518		did an exercise here, part of (ACT), you know, erm about our own personal values and we had like
519		maybe a hundred values to pick from and you're, you know, kind of looking through and trying to
520		think, well what the hell are my values, you know? Erm and like wisdom and like erm, I think like
521		family and relationships and err, like what what you invest in, like all of those things, for some
522		people it's creativity or erm religion or like their belief system, err like people have all sorts of
523		different types of values and they can change, possibly, but we, we generally have core ones and
524		they're not always so easy to identify or, or know, or be aware of, you know if I'm asked to kind of,
525		k- kind of tell someone what's wrong with their grammar if they're a foreign language speaker I find
526		it very hard to tell them, I can tell them you, you, you could probably say it this way I just kind of
527		know it, you know, erm, but I don't know it's, you know, the past tense subjective whatever, you
528		know I can't really describe that, I just kind of have a sense of it, you know and I feel like the values
529		for yourself and a patient the- there's something that can feel intangible and maybe not easy to
530		identify but kind of have an, an innate sense of them and in that way it's hard for us probably to say
531		exactly what they are right here right now, erm, for here, for us, for counselling psychology, erm, I
532		don't know.
533	MOD	You looked like you were gonna say something.
534	A2	Yeah, no I was just gonna say that when you said that my first initial thought was kind of, oh god I
535		don't think about their values, but then when you said that you're right it's, I don't use that word, I
536		don't necessarily use their word 'cause, do I think, I get a sense of all of these things in a kind of un-,
537		non-explicit way but I don't necessarily, I mean it depends what values but I'm not necessarily

538		thinking about whether my client has the value of wisdom or the value of, but I would expect or
539		assume or learn from my clients with what they bring whether, where their values, or in terms of
540		boundaries and expectations and values of life let's say in working with a client, if I was working with
541		a client with erm, who enters into abusive relationships, well that tells me something about her
542		values of boundaries and you know then her kind of, so that would be a, I think the way I would,
543		would get a sense of values, not in like a, I've never really asked a client what their values are and
544		erm I think you get the sense of their values if they're a religious person or are not, you know that
545		kind of thing, the other thing that came to mind was erm something about, I don't know why this
546		popped in to my head but something about when your client asks you erm personal questions and
547		how much you're willing to share or impart, erm I don't know what really, why that came up when
548		you said that but maybe something to do with how much erm, well maybe that's something a, well
549		that's more a desire of theirs but when they want to, when maybe they want more from you or
550		want to know about you or whatever and something about values of your own boundaries with your
551		clients or erm ethics, it also brings up ethics for me, what's ethical to share what's not, how do you
552		feel in terms of different situations, erm something also about making yo- decisions, choosing to,
553		sorry I'm not being very clear, kind of err, I can't really explain what I mean but erm that came up
554		for me when you, you brought it up something about what I'm willing to share and not share.
555	A1	And that's informed by your values, or
556	A2	Yeah that would be informed by my values but I'm not sure why it came up when you said, what
557		about your client's values? I guess I have this image of my client wanting to know more about me?
558		Erm, and me not really wi- willing to, to always kind of go towards that.
559	MOD	Is there something there about how the client values you?
560	A2	Erm, how the client values me? It wasn't really.
561	MOD	Okay.
562	A2	No it wasn't, it, more, their desire to have a different type of relationship perhaps and my lack of
563		willingness to go down that route, let's say they want to know more, more of, have more of a
564		friendly chat, know a bit more about me and my personal life, fair and valid etc., how willing I am to
565		do that, how willing I'm, willing, wi- willing I am to kind of cross my own values for them, for their, if
566		that is a value of theirs. [It's not really]
567	A1	[Their benefit, no?]
568	A2	Yeah, [it's it's not really it's not really the word value]
569	A1	[That by giving you this it might help you] but it would compromise my
570	A2	Mmm. I don't know why that popped into my head 'cause I don't know if it fits with that term value.
571	A3	I think that for me comes up mostly when I'm working with different cultures now, I am a different
572		culture right 'cause technically I I'm not British and I'm working within a British system and I think
573		that is quite, erm evident, or becomes more evident when I'm working with someone, mostly from
574		the south of the world, erm, let's say if I'm working with an African woman which happened once,
575		err sh- the concept of therapy and kind of that boundary between therapist and client or whatever,
576		it doesn't exist for her, if she is asking for help she is coming for advice she's not coming for trying to
577		figure things out together or whatever else we create or understand to be therapy.
578	A1	Mmm.
579	A3	Erm, and so that comes up really strongly, I am very aware of the fact I'm learning counselling
580		psychology in England with their values, erm, which I tend to share because of a kind of a shared
581		history to some extent and because I'm here learning it but I, I am very aware of the fact that if I had
582		to go to Africa let's say to do therapy or whatever, the concept would completely change, so, so

583		what, erm <Laughs> this thing about values for me, not so sure about ethics which is interesting
584		'cause I, I don't often think about ethics I think about values and I think of it on a very personal level
585		you know what are the psychological values I'm learning about and what are my values and how are
586		these kind of either contradicting each other, battling for space to some extent, or kind of
587		amalgamating and what you, I don't even realise now that they're one in a sense, that comes up
588		mostly with regards to my religion I think because there are values within my religion which are very
589		personal to me and very much part of who I am, erm, but then what psychology teaches is quite,
590		sometimes, not always, actually sometimes very similar but erm, sometimes even that's different,
591		err to give an example I guess, err, it's difficult, erm, 'cause lots of things come up, but erm, let's say
592		my religion will talk about very much about relationship being mostly about compassion about
593		forgiveness about erm being there for the other person and all of that and then through psychology
594		() okay, but if you're too compassionate, you're always putting others in front of yourself
595		and all of that, that might be damaging to who you are, so that kind of thing, you know there's that
596		kind of conflict, so what's healthy? On one hand you have this that supposedly is good for you, good
597		for community, good for life, on the other hand it's saying no, not so good maybe, so that sort of
598		thing.
599	A1	I think that's simplifying religion a little.
600	A3	Oh yes.
601	A1	You know like it's an attitude towards life, it doesn't say like subjugate your needs, don't forget
602		about yourself, it's supposed to be reciprocal (most of it) so
603	A3	Mmm.
604	A1	if you're, if you're just investing investing investing I don't think religion is encouraging you to do
605		that it's saying, you want a fulfilling and healthy relationship then these are the attitudes you have
606		with each other as people, as community, erm, human beings or whatever.
607	A3	Mmm, but that's what I mean
608	A5	Yes that's
609	A3	although they might not be at loggerheads in a sense but they're to some extent artificially or
610		superficially, not artificially, conflicting and then you kind of need to do the whole looking in to what
611		it means, maybe on a different level, I don't know.
612	A5	Oh yes and now I see, I don't want really want to get in to it 'cause it's a whole thing about religion
613		and not but I see what she means there is that element of, not complete subjugation but yes, you
614		know putting others
615	A1	Mmm.
616	A5	totally before you
617	A3	That's, that's it, yeah.
618		<Laughter>
619	A5	It is definitely a value that I get from my religion yes.
620	MOD	And you were saying that contrasts with psychology?
621	A5	Yes to a certain extent, I mean in the sense as she mentioned, I mean if you have a client who they
622		would signal a problem, might signal a problem if you have a client who puts everybody else before
623		him or herself.
624	A3	And my question there is, is that a value of psychology or is the value of psychology in Britain, which
625		tends to have quite an individualistic point of view? Because in other places if we're talking about
626		community that com- kind of comes first, no, that's the value, the value is, through putting other
627	A5	[other people]

628	A3	[people] before me
629	A5	your needs are met
630	A3	I am meeting my needs
631	A1	Yeah.
632	A3	exactly, whereas here no, you know, and now I am, I, I really feel because of where I come from but
633		also because of this, I'm in between 'cause I understand this and I experience this whole community
634		thing and I understand and and value also the whole individual stance that yeah you need to take
635		care of your own needs, you need to take care of yourself to be able to function in society, [so]
636	A4	[But I] guess it's again about adapting that to erm the client's needs, so if you have a client from a
637		non-western err society, err you probably take that into account that err having the community is a
638		protective factor and it's important for them.
639	A3	Well how do you draw the line right? How do you draw the line between what is functional and
640		what isn't from, with regards
641	A2	[how]
642	A3	[to putting people]
643	A4	I mean if you, [yeah]
644	A3	[in front of you]
645	A5	[And how distressing it is for them perhaps.]
646	A2	[What, what effect it has.]
647	A3	[and they are a foreign] person, let's say, within this
648	A5	[culture]
649	A3	[community]
650	A4	Mmm
651	A3	so they need to also adapt to this
652	A4	Mmm.
653	A3	if they want to survive, if they want to function whatever that means, so
654	MOD	And where does the word ethics feature in what you've just said there do you think?
655	A3	That's a good question I don't know. Erm, I don't even know to be honest what the word ethics
656		means, 'cause I, I mix it up with rules in a sense and for me, as I said
657	MOD	You, y- say that again, you?
658	A3	I mix it with rules? Not I mix it, I, it, for me it, it gets confused, you know there is e-e-e- maybe what
659		you were saying a bit, ethical rules, ethical guidelines, ethics, for me they're three, not distinct but
660		quite different things.
661	A5	Mmm, for me I would think ethics would come in to this as a therapist being aware and careful not
662		to impose
663	A1	Mmm.
664	A5	my views
665	A1	Exactly.
666	A5	on, and the way I see things and my values, on the client.
667	MOD	And is that a rule?
668	A5	Err, it's an ethical principle that I adhere to, it's possibly a rule, I mean I'm sure it's a rule as well but
669	MOD	And where do you think that's come from?
670	A5	I mean it's definitely
671	MOD	How, how do you think that's been informed by both your training and your practice?
672	A5	it's definitely been something brought up in training

673	A1	Yeah.
674	A5	I think mostly in training. Erm, it's also something I you know find important myself it's, it's a value I,
675		I, or whatever you want to call it
676		<Laughter>
677	A5	a principle, whatever, I had before, but I think mostly in erm, in training, I don't really think in
678		practice. In a sense I've been made aware of it and I implement it in practice because of erm the
679		training. I don't think I've had any
680	MOD	So, how, how about practice then, how do you think your practice has shaped your views on values
681		and ethics?
682	A1	I can give you an e-, example
683		<Laughter>
684	A1	like erm, being a social control agent is what it's kind of about like so, erm, what am I gonna do if
685		there's a legal requirement
686	A5	Mmm
687	A1	you know, to say this is not right or, you know with risk and safety as well, erm there are ethical,
688		there are cultural, social, legal, you know, err all of these things have particular expectations,
689		guidelines, rules, like with some there are fewer boundaries, wherever you're from this is where you
690		are, there's, this is the culture, this is the law and I have a requirement according to that law to do
691		certain things if you tell me about these things or I become aware of them, erm, err, and that's
692		where there's like a, a very delicate thing because you're there to aid the person, possibly against
693		what they may wish, if, if they tell you about something even if you've given them prior information
694		that you will have to act, you know, err, like inform social services, inform the police, erm, or
695		somebody's in danger if they're threatening to kill them, err, you know as the case may be, you may
696		have to do those things and they may even in full knowledge tell you they don't want you to, tell
697		you about it and know you will have to and then tell you they don't want you to, or tell you because
698		they feel they have to share it with somebody and then not want you to tell anyone even though
699		they know you ha- they ha- you have to. There's the, i- it can become very complicated but as a
700		therapist you, you live within that environment too where you know there are certain things you
701		have to do, you don't have sex with your clients, right? You know people do, unfortunately, erm, but
702		you know that that's a legal as well as an ethical, moral thing, misuse of power the whole lot, erm,
703		there's certain things that are just black and white, you kind of know where you are, whatever
704		culture you are but the non-judgemental stance in humanistic values, which is very tied in with
705		counselling psychology, erm, is very much a part of the not imposing your own judgements, your
706		own values, upon the other, it doesn't mean ignore them or do not consider them, or be thinking
707		about similarities and differences and how that informs you and if, if you're not aware of those then
708		you're like useless to act in a particular way that would kind of let the person know that you are
709		different, you would have a different, like you have a sense of wrong or right, you know, where you
710		lose your curiosity about the other person's perspective or erm value.
711	MOD	Where does the model do you think feature in what you're saying? The approach, values or ethics of
712		the approach.
713	A1	This is a trans-theoretical model, I think, some of these issues
714	MOD	Yeah.
715	A1	and values, personally speaking.
716	A2	CBT might make it more, if your, are you talking about models in CBT?
717	MOD	Yeah, or a, yeah, whatever approach you're using.

718	A2	Err, mmm, I think maybe it depends what model you're using, will it give you flexibility or not, erm if
719		you're using a CBT model then you may be e- able to be more flexible in terms of, you know sharing
720		your values or directing the client that kind of thing whereas with a psychodynamic model, if you're
721		coming from a psychodynamic model it would be, you're values would be very different you'd be
722		com-, you're much more erm, you abstain a lot more, much more neutral, sharing of yourself is just
723		not, not a part of it so I think very different values and boundaries and things like that between
724		different models I would say, if that's what you're getting at.
725	A3	For me the, that ma- that humanistic rule of counselling psychology, of not imposing your own
726		beliefs, is quite an important one. At the same time in the back of my head there is the idea of, erm,
727		social justice let's say or, or, if I believe something's not quite going, how I can, how can phrase,
728		issues like racism maybe gender roles erm, that sort of thing. Erm, my personal value is that if I can
729		bring a change I will and if I can say something I most definitely will, that's always a personality thing
730		but erm as a counselling psychologist then, then, then mmm, then what, you know? The way we're
731		taught, the model, it kind of tells you to take a step back, look at underlying stuff, look at the wider
732		picture, but how wide can you get before you lose sight of the fact that there is an injustice or a
733		problem there, that you're not talking about, that you're not addressing?
734	MOD	So if you were sat opposite somebody and they were being very very racist, a personal part of you
735		would want to speak out against that but another part of you, the counselling psychologist, would
736		be thinking, I need to consider this in a particular way.
737	A3	I, I think the counselling psychologist will always take over, I will never say, no you shouldn't be
738		doing that, I will always try and understand why, but behind that there's a value of no you shouldn't
739		be a racist.
740	MOD	Right.
741	A3	You know so I will be asking questions in a way of then maybe directing the person towards
742		realisation that, racism may be important because of certain situations that happened in your life
743		but maybe looking at the bigger picture you could be a bit less racist, I don't know, you know what I
744		mean?
745	MOD	Yeah.
746	A1	So you would never say, your particular behaviour with me right now is something that, you know in
747		terms of countertransference
748	A3	If it's about me yes.
749	A1	yeah it's affecting me in this particular way, I feel this about what, the way you're talking about, you
750		know, these people or, you wouldn't do that?
751	A2	I think you'd have to put a lot of thought into it
752	A5	Mmm.
753	A2	a lot, I don't, I don't know in this particular situation
754	A3	if they were being racist to me?
755	A5	[no he's not saying that]
756	A3	[I would definitely say] but if they're being racist in general, no not really because, it depends I mean
757		if they're going out hitting people and I don't know burning people at stakes <Laughs> then that's a
758		different situation but if it's just maybe on a daily basis I understand that there are issues in racism
759		just like there are issues in families or whatever, in group out group blah blah blah.
760	MOD	So what's different about that situation, I know you laughed when you said it, but what is different
761		about that situation?
762	A3	Which one, the one with the ra-

763	MOD	Where they, yeah, yeah.
764	A2	The one with what, sorry?
765	A3	<Laughter> We had several
766	MOD	[Burning people at stakes]
767	A3	[()] fighting. Erm
768	A2	'Cause they're crossing your rules, sorry.
769	A3	Erm well maybe because we value, of self, err harm to others maybe I don't know but because that's
770		erm
771	A1	But racism is being harmful to others possibly, to upsetting them, hurting their feelings.
772	A3	But you said something about err which, at which point do you lose your curiosity?
773	A1	Mmmhmm.
774	A3	And I think that's a very extreme point. I think the moment you lose your curiosity you lose your
775		counselling psychology, erm, whatever you want to call it, stance, and erm, so before I jump into a
776		reaction I would keep being curious. The whole thing of behaviour then, depending on what they're
777		doing, if they're causing serious harm to others, well
778	A2	That would be crossing a specific rule and boundary
779	A3	Exactly.
780	A2	so your rules would be, your like, I think maybe it's like you kind of have rules that are
781	A3	Mmm.
782	A2	or like your own values are that but they're not as, there are final ethical or values that are just
783		there is no crossing, so one of them would be self harm or harm to others as we say in your first
784		session, that would be something straight away breaches our confidentiality, so I think there's two
785		different, it's like two different things, like for example I had a cli- a client who erm was talking
786		about erm in all her relationships she's been cheating, so I know that, myself I think that's extremely
787		unhelpful for a relationship and you can't possibly be in a good trust, unless you're in an open
788		relationship which she wasn't in, that my personal value is that's so destructive for yourself but I,
789		but I understood that was my own value but I understood for her that it was all about self worth and
790		her lack of self worth that, that's how she feels that she's entitled to cheat on others and they cheat
791		on her. So I felt that it was okay to share my personal value, not, I didn't share it as a personal value
792		but in part that kind of, yeah it's, it's completely unhealthy, I asked her if she's in an open
793		relationship and i- what works for her what her value is and once getting a sense that that was her
794		value I was able to use my own feelings of how unhealthy it is, so that's just more towards what you
795		were saying about whe- where you step in with your own, how you kind of manage your own kind of
796		views and beliefs and how you will let it affect therapy but always with a lot of conscious thought,
797		never unconsciously, something you once w- wisely shared with me but erm
798	MOD	So is there something in there about how you value well-being, the other's well-being or
799	A2	Mmm.
800	MOD	to use a more loaded term kind of mental health?
801	A2	Is it about the other's mental health? Yeah, as long as I feel that, that it's valuable for them, not just
802		my own perception, so if I know that other values I have, let's say personal values, religious values,
803		erm, let's say I have a value that it's probably quite healthy within your relationship to keep just
804		frivolous speech about your sexual life, I think it's quite useful to keep it within, within, like gossip, I
805		wouldn't necessarily gossip with all my friends about my sexual relationship. I would talk about it if
806		there's anything constructive or I was curious, or I'd talk about it in a constructive way but not just
807		to like, just for the sake of chit-chat but try and find a different topic, that's a value of mine. I would

808		never ever impart that on my client because I really see that's very s- subjective and personal. Sorry
809		I forgot your question.
810		<Laughter>
811	MOD	Well maybe how, I suppose maybe I was curious as to how we are trained to value the other's well-
812		being, or the [other's mental health?]
813	A2	[Oh yes the other's well-being], so that wouldn't affect their wellbeing, so therefore it wouldn't, if
814		they're sharing that kind of material that's completely irrelevant and it wouldn't be, it's only when it
815		kind of affects, as you say their wellbeing, it's only when something calls into question their actual
816		mental state and health there and really have to think more about what, what we can, I'm very
817		confused when I speak but [I'm clear inside.]
818	MOD	[And where do you think], where do you think you draw on from that, that decision that you're
819		talking about making?
820	A2	Personal erm values I guess. Lines that, I think there's a lot of unspoken messages you get in your
821		training, when you said that about where do you hear these kind of boundaries and rules well, you
822		know what some things we've not actually been told there's, there's an unspoken let's say, you
823		don't talk about what happens in your, with your clients with anyone outside. Well who really said
824		that you can't go and share, I know that there's a thing confidentially but who said within your, say
825		your family, that you can never go to your family and tell them, oh I had a really upsetting
826		experience, someone was talking about being abused. Who said that? But there is some, for me at
827		least, a bit of guilt. I like to share it when I feel the need but there's a bit of like, please don't,
828		obviously my family wouldn't, the person who I was to share these things with would never ever
829		share but I feel bad crossing a boundary but did my university ever say it was something if I never
830		mentioned a name, a place, a location, that it was unethical? So interesting about, sometimes I think
831		there's a lot of unspoken rules that we've kind of all maybe got I don't know.
832	A5	Mmm. Well it's kind of spoken isn't it though? Anything you tell a- tell me is co- err confidential
833	A2	[Yeah it is spoken.]
834	A5	[and that's], so it is kind of spoken that I'm not speaking about them.
835	A2	Yeah [but who]
836	A5	[Maybe I'm being pragmatic.]
837	A2	but who says that you can, you can, no I agree with you, that you have
838	A5	But that would be the same as giving a con- giving them a consent form, err in the sense of speaking
839		about them in an anonym- anonymised form.
840	A2	Mmm.
841	MOD	I thought what you were saying was perhaps you hadn't had the why explained to you. It's
842		something that's written down and it's an unspoken or stated rule but the why is maybe, I don't
843		know.
844	A1	The conditions under which
845	A2	Yeah.
846	A1	there's a (reason)? You know, or like
847	MOD	The rationale then maybe is a better word, the rationale for that.
848	A1	Well it's a grey area,
849	A5	Mmm.
850	A1	you know you cannot be too prescriptive about it.
851	A2	It makes sense, I think, there is a clear rationale but
852	A5	And we have discussed the rationale, [we know the rationale]

853	A1	[If anyone can only tell] who this person is
854	A5	in my opinion.
855	A1	whether they're vaguely aware or very aware then, then you know, like there's just kind of implicit
856		descriptions of, you know what you may or may not say, now what that maybe is sometimes hard
857		for you to figure out because you may not know, someone may pick up on one word and go, oh I
858		think I already know that other person, I've heard of people describe where they've recognised erm,
859		even in group supervision like either a therapist, or a place, or a person, or god knows what, from
860		what they thought was very anonymised material, erm so it can be a very, it can be a tricky business.
861		But I'm gonna go back to your, your racism right?
862		<Laughter>
863	A1	To give you an example right? So if you're in a group say and you have
864	A3	What you mean as a therapist?
865	A1	Mmm mmm, yeah, and you have a multi-racial group and you have one really racist person in the
866		group like, like the, what you said earlier on, it might change because of the context and the people
867		in it and, and you construct your, your ethical, or not, maybe not ethical, you say rules but they are
868		kind of ethical rules in a way, or, or you know, what you feel would be the way people should treat
869		each other, or be with each other, or for this particular group, for this moment in time, whatever, it
870		changes
871	A3	Okay I have an answer <Laughs>
872	A1	Okay, right.
873	A3	Erm, I think, erm it would depend as you say. If, if it's, if I see that it's harming someone in the group
874		I would bring up the fact that I'm noticing that it might be harming someone in the group but I
875		would encourage, now again it's easier said than done but in principle right, I would encourage the
876		group to do it with me, to try and understand why that person is being racist, what is their
877		experience of it? Where did they learn these things? W- w- you know, where's it coming from?
878		Because my maybe ultimate assumption or value is that, which just might be wrong as well, people
879		are good and the only reason why they're doing bad things is because there was a difficult
880		experience, they were hurt, they were, erm you know, they're, they're, they're harmed in some
881		way. That is my ultimate assumption which I am very aware could be completely wrong but that's
882		the one I, I work by automatically and so in a situation like that I would try and get the group to be
883		as understanding as I would, possibly, hopefully, naturally be <Laughs> erm but then again
884		depending on, did you understand did you () <Laughs>
885	A5	So even in such a situation you're still not imparting your beliefs, basically, on to the, because
886	A3	Well I'm imparting the one belief that maybe that person who is racist is, is a poor soul,
887	A5	[But your racist]
888	A3	[a poor soul and] we need to understand him.
889	A5	the idea of racist being, racism being bad is not coming across in any way.
890	A3	It will all come across if I bring up into the group that, look this is causing some harm this is causing
891		some tension you can see it in the group that this is what's happening, erm, is this gonna help us get
892		to our goal of whatever we're working on as a group?
893	A5	Mmm.
894	MOD	We've just got a couple of min- two or three minutes left so I just wanna erm see if anybody else has
895		any kind of, anything else they wanna say. I mean I'll just go back to my original question and just if
896		there's anything else that comes out of that, so the original thing was what do, what role do values
897		and ethics play in counselling psychology training and practice?

898	A1	A very large role.
899	A3	Mmm
900	A1	Err but a subjugated one to a lot of other things, for me it's like, it's in the background but always
901		present you know? Erm, my feeling anyway, like whatever we do, it's being mindful of your values,
902		the values of your profession, your identity, your development, how these things are changing,
903		clients values, erm, you know, dilemmas and all that stuff comes up right? Discussion with your
904		peers is very important, you know like how we all differ or debate and, and think about these things
905		is like, even this year has been very helpful.
906	A5	I think our practice is shaped by our own value, definitely I think in my opinion, my own values and
907		my values coming from counselling psychology and ethical principles as well, I think that's
908	A3	I think training gave me, but I think us, I can speak for us, gave us the space to talk about it, to
909		explore it and kind of in a, there are the rules of what you have to do and what you have, don't have
910		to do, that yes, but within that I think they created a lot of space for us to be able to discuss freely.
911	A2	I think also we do actually have very much when you say it but erm specific values and ethical
912		boundaries and we're all very much aware of them. I don't think it's something that we don't think
913		of, maybe we don't use the actual, I don't think we ever really use the word value, so I think that
914		maybe throws us a bit in this conversation every time we came back that word it was like bleurgh
915		<Laughter>
916	A2	but really it's something very much and even at, in my personal life when I'm talking about, oh this is
917		this with a client, or I can't do this, my erm, my erm, erm experience is that I often get, why are you
918		all so anal all of you therapeople -py people, you know you've all got these like, this that and the
919		other, and I think it d- very much reflects that there is a very strict kind of code of ethics and values
920		that we adhere to when it comes down to it but whether we term it that I don't know.
921	A1	I would say there's, there's like people who work in say Christian counselling organisations, they can
922		work with prayer in therapy, they can bring in religion err or, you know particular err value systems
923		which are associated with, with this err, you know group or organisation or whatever, like values can
924		be brought in and () they're kind of designated as okay to do, or like somebody tells you
925		they're Catholic and someone might find that, oh so I might be able to bring the, you know religion
926		more in and my values might be more part of that and I might disclose more of those, or sexuality
927		or, or whatever erm, like these things
928	MOD	I'm, I'm interested that you just said that you don't think the word values perhaps is talked about so
929		much and it feels, I don't know how you feel, but it feels to me that you've talked about values a lot
930		more than ethics. Ethics seems to have been talked about in terms of rules and in terms of
931		boundaries specifically but values seems to be something that you've talked a lot more about.
932	A2	Maybe because ethics is a given for us.
933	MOD	Right.
934	A2	That we've less, the only ethical thing that I feel we all kind of experience is the consent, the issue
935		with consent. Apart from that I think we all have very clear ethical boundaries, there's no, as you
936		say, when you brought up the thing with sexuality, don't have sex with a client, it's not even, it's not
937		even something I'd bring in here because that's just, and not wanting to belittle it at all, but you
938		were like, I was like, oh yeah that's an ethical rule, well I wouldn't have even thought of it because
939		it's very clear to us where our ethical boundaries lie.
940	A4	I g- I guess also the cl- err training helped us to make our unconscious values conscious so that we
941		are more aware of it and maybe that had a bigger impact, err at least on me in the training than on
942		the ethics, 'cause that's sort of quite, quite clear I guess and quite a boundaried whereas ethics is

943		something that maybe through training you find out more about, your own values and not to
944		impose those.
945	A1	And that comes with experience I suppose once you're in a situation and you have to work it
946		through, or think about it you know when something comes up. That's where experience really
947		helps in developing, it, it's not as fixed, it's fixed but then an experience can, you can re-evaluate
948		what you thought was a rule into a guideline, or you know maybe a guideline in to a rule you know
949		erm, I don't know.
950	MOD	Okay, thank you very much we'll stop.

Appendix B – Transcript B

1	MOD	What do the terms values and ethics mean to you in relation to counselling psychology?
2	B2	I think that my values inform my ethics, I'm just trying to think if it goes the other way as well, yes it
3		must do. I mean I, I think for me they're quite overlapped in lots of ways.
4	B5	I think maybe for me my values are more, I was going to say through my experience whereas my
5		ethics are more things that I've thought about but, erm, yeah I think values for me feels more like
6		my kind of lived experience, things I've kind of gained more implicitly through being with others
7		talking about things whereas erm ethics is a bit more sort of higher level than that.
8	B3	Something that you have to do, or being cautious about things that you shouldn't do, from the way I
9		perceive it, and I'm referring to what you say you know things that you're in a way, you are told to,
10		to do.
11	B1	I was thinking, I think about a value or I think one of my values it would be something like respect
12		and respecting the client and I think then I would apply that when I was thinking about an ethical
13		dilemma, you know about whether it was somebody that I should see or have been seeing as a
14		client and might need to stop seeing for some reason, so I think, I would think I would apply values
15		in looking at ethical issues around client work.
16	B2	Yeah that's what I meant, that one informs the other.
17	B1	Yeah.
18	MOD	What did you mean when you said higher level?
19	B5	Erm, it yeah it feels like something that I might, I think you were talking about in particular dilemmas
20		it's something that maybe is a bit more complicated I might need to think through whereas I feel
21		that my values are more, erm, bit more straightforward for me to think, well what are my values,
22		things like respect or, erm, I don't know, equality or addressing power differences in relationships,
23		erm, yeah I think of ethi- ethics more as like ethical dilemmas or, so it feels like something I need to
24		think through a bit more. Yeah.
25	B1	I suppose that I think when I think of ethics I think about the right way of doing something? I don't
26		know about using the word right but the kind of appropriate way to behave to protect somebody, to
27		protect, maybe yourself, maybe your own professional represent- reputation but also how to deal
28		even handedly with a client. That's what it makes me think about you know what's the right way to
29		behave in order to do that and I think obviously about the guidelines as well that I'm sure we've all
30		read <Laughs> you know which are the counselling psychology, you know BPS guidelines.
31	B4	So maybe you meant erm, I dunno thinking maybe something about values being more embedded
32		in us, in the therapy or in practice and ethics or ethical fr- being more of a framework or something
33		that we know's there but we don't, we refer to anyway our dilemmas or, maybe when you said
34		higher level that it's like that whereas our values seem embedded with us when we're
35	B2	More instinctive.
36	B4	in the therapy, more instinctive.
37	B2	I don't think I think of ethics as having to be dilemmas necessarily like I think all the stuff you s- you
38		say at the beginning of seeing a client you know setting out the contract, the confidentiality, that,
39		you know that's boundaries I guess is the bigger word for that, that's all, you know good ethical
40		practice.
41	B4	Mmm.
42	B2	I don't know how much that's to do with counselling psychology or psychology in general though I

43		don't know what, I don't know what say a psychotherapist might say at the beginning I imagine it's
44		something pretty similar.
45	B1	Yeah I wanted to pick that up because I know the way you've framed it is for counselling psychology
46		but I don't really, to me I don't see there's an obvious difference about the way a counselling
47		psychologist would behave in tha- in a particular situation and the way a psychotherapist or a, any-
48		anybody who 's working in a one to one or a group situation with people who have come for some
49		sort of help or therapeutic intervention, so the counselling psychology bit for me is a bit of a
50		diversion, I'm not sure how much
51	MOD	Mmm.
52	B1	it makes a difference.
53	B4	Yeah I don't know I suppose it, you're meaning ethics 'cause I mean value-wise I could see there
54		being quite a clear difference between those kind of ar- three areas that you mentioned but erm
55		you know sort of if it's a clinical psychologist or ps- psycho-therapist they might be following
56		different kind of, I suppose ethical rules as well like BACP, BPS, they might have slightly different
57		values, erm, so I think maybe eth- did you mean, 'cause I can see values even within counselling
58		psychology (people) could be quite diverse but
59	B1	See that's where I differ I
60	B4	[Mmm.]
61	B1	[I'm not sure] I do see that there's a great deal of difference, erm, in you know in, in the way you
62		look at an ethical dile- an, an ethical issue or the right way to behave I'm not sure I would, I am, well
63		it's difficult for me to say because
64	B4	[Mmm.]
65	B1	[of course] I'm a counselling psychologist so
66	B5	[Mmm.]
67	B4	[Mmm.]
68	MOD	Where might you might see differences do you think, say within the field, within counselling
69		psychology?
70	B4	Err, do you mean like different counselling psychologists or counselling psychology so not comparing
71		different groups? Is that what you mean?
72	MOD	Well I thought what you were saying was that you thi- thought that there potentially could be
73		differences between those groups of people like psychotherapists and counselling psychologists and
74		clinical psychologists and I thought what you were also saying was that you thought there could also
75		be differences [within counselling psychology].
76	B4	[Yeah I guess I was] referring to values more than like ethical frameworks, I mean ethical
77		frameworks obviously we're all, should be following a set, you know boundaries, confidentiality, I
78		guess when I was saying that as we were just describing the differences between values and ethics
79		and things and I think erm, values seems more personal as B5 was saying and erm, yeah, so I think
80		that's more fluid and flexible, I don't know, [if that makes sense]
81	B2	[I've been, I've been] pulled up recently on just assuming that ev- 'cause I'm a counselling
82		psychologist I share the same values as every other counselling psychologist.
83	B4	Yeah I think it's quite different.
84	B2	Yeah like things like your approach to diagnosis you know there are lots of
85	B4	[Mmm.]
86	B2	[counselling] psychologists that do work in situations where they diagnose and erm, erm well we
87		can't prescribe drugs but you know that follows that road whereas a lot of counselling psychologists

88		are more the well-being side of things
89	B4	[Mmm.]
90	B2	[focus] on prevention or erm positive mental health. So I, that's something that I need to do more
91		reading on and more work on to work out where I am within that
92	B4	Mmm.
93	B2	'cause I've just been sort of blindly ignorant, I'm a counselling psychologist as if that says it all.
94	B5	I think that comes with ethics as well 'cause I mean for some people I think the idea of treating
95		someone according to the medical model would just be sort of ethically wrong, erm, like the
96		position you take to another human being that's a kind of
97	B2	[Yeah.]
98	B5	[ethical] thing isn't it, erm, and certainly it feels for me like counselling psychology, it feels it's quite
99		divid- there's quite sort big debates or, and there's certainly this perception of, particularly maybe
100		more in the past but clinical psychology as being much, much more medical model, let's
101		differentiate ourselves by kind of moving away from that and saying we're about the human to
102		human relationship, erm, and then now it feels we're a bit on the kind of cusp of a bit more kind of, I
103		don't know, medical model, IAPT, erm, jobs being available and how we kind of work in that kind of
104		context.
105	B1	It's interesting what you say 'cause you're focusing on the relational erm aspect of our training and
106		then contrasting that to possibly the clinical training where that might not be, might not be central.
107		I'm just now trying to think what might that lead to in
108	B5	[Mmm.]
109	B1	[terms] of a, a difference in ethical rules or ethical approach. It's difficult to know isn't it without
110		having done the clinical training?
111	B5	Mmm.
112	B4	Mmm.
113	B2	But you hope that as psychologists still that they have
114	B1	Yeah.
115	B2	you know I'm sure they do, 'cause I think the difference, for me the difference we're talking about
116		here is that's a value judgeme- not value judgement that's how you've differen- you value the
117		person or you value, the value you put on the way you approach the work but hopefully the ethical
118		stuff is still there regardless of that.
119	MOD	Is there something about setting in what you're talking about?
120	B5	Mmm, yeah I was just thinking about sort of different placements and where I feel maybe I'm kind
121		of trying to learn a particular model, whether that's CBT or psychodynamic and I sort of think, well
122		am I being that human here, am I sort of just doing something that the model would kind of say
123		would be the right thing to do but it doesn't quite feel like the right thing to do at this point in time?
124		So that's my own kind of internal erm uncertainty sometimes.
125	B1	This may not be what you're getting at or thinking about but I was just thinking if you were sitting
126		with any client, for me the first thing is obviously to create the right sort of environment to do the
127		work and, and in doing that I would be thinking about the things we've said, trust and respect and
128		trying to generate, may- maybe not something that's relationa- relationally equal because I think
129		that is quite hard to achieve if you are a psychologist and you're working with a, with any client you
130		know and with some clients even more difficult, you know I do some work with adolescents, I don't
131		think they would ever see it as an
132	B5	[heh]

133	B1	[equal] relationship
134	MOD	Mmm.
135	B1	but there's something about creating a kind of dynamic between the two of you so that you can
136		then do the work and that could be CBT it could be psychodynamic (that type of work) depending on
137		what you think is right for them, erm but my values would be, I think they would be operating
138		whatever, whatever the model was I was going to use, I think they'd be a kind of baseline from
139		which I would work.
140	B3	It it does influence you sometimes though th- the model that you're using. I remember for example
141		erm the psychodynamic model, that you couldn't do certain things and there are very sor- strong
142		attitudes about certain things, for example receiving gifts, or replying to texts or whatever.
143	B1	Mmm.
144	B3	So that is when I was thinking, erm, am I still the same person? Something, you know, erm in the
145		previous year it was just enough to just listen to the person and in this year I, I have to, to tick
146		certain boxes and I have to come up with some interpretations which are very insightful erm and I
147		did struggle with that.
148	MOD	So is, is there something about having to do certain things there, by the sound of it, is that what
149		you're saying there are certain
150	B3	Yeah.
151	MOD	you said something about ticking boxes?
152	B4	Yeah.
153	B1	And also sticking very rigidly it sounds to the sort of, certainly the psychoanalytic model, but I
154		certainly know plenty of psychoanalysts even who reply to texts and receive emails from their
155		clients
156	B4	Yeah.
157	B1	so I think it, that depends on you and how you
158	B5	Mmm.
159	B1	what you think that would do to the relationship if you didn't, and how do you set your boundaries
160		at the beginning do you say, it's okay to
161	B3	[Yeah.]
162	B1	[text] me if you want?
163	B3	This is quite, I mean I didn't set these kind of boundaries with my clients
164	B1	Mmm.
165	B3	but in the training I found that there was a st- strong erm opinion about it. So then I thought, is it
166		ethically wrong? You know, because erm, and this wasn't very clear from the beginning of the
167		training it just came up in the supervision erm group.
168	B1	Within the training?
169	B3	Yeah.
170	B1	Right. 'Cause again I was thinking about supervision in the context of this whole thing and ethics and
171		different supervisor's attitudes to things, and then it can get very confusing but it sounds like you've
172		had a very specific strong messages, which is don't deviate
173	B3	Yeah.
174	B1	and don't ever accept a gift, well I can tell you that I've done all of the things that you've said I
175		shouldn't have done
176		<Laughter>
177	B1	and I've disclosed it <Laughs> to anybody that wanted to know, erm including writing it in some of

178		my final year work but, so I'm interested then that y- you received that message as
179	B3	[Yeah.]
180	B1	[you] may not deviate from this.
181	B3	And I didn't agree to that but just erm hearing it I get the impression of values () because you
182		sort of think, you know this is the, the framework. So then it's something more than values, it's
183		about a framework and about a protocol, which changes things for me.
184	B4	Do you think maybe as a trainee as well it's harder for us to maybe even know our values because
185		we're getting overwhelmed by all these different approaches and you, sounds like maybe you were
186		taking on your supervisor's values 'cause, I don't know I'm not
187	B3	[Mmm.]
188	B4	[saying you] were I'm just questioning
189	B3	[Yeah.]
190	B4	['cause it] seems like, erm, you were unclear of your own, because we are in training and we're
191		doing different approaches and gets quite confusing so
192	B3	I was, I felt quite clear you know about the values that I had from the first year about being, trying to
193		be warm and empathic but I felt shaken by, you know, having to stick to something and I almost felt
194		that I shouldn't be myself any more or that it wasn't acceptable
195	B4	Mmm.
196	B3	but yes it was my own anxiety and the way I interpret it, you know not the intention of the training I
197		guess.
198	B4	Mmm.
199	MOD	But I guess that is a question to all of you. How do you think your training has shaped your view on
200		the role of values and ethics?
201	B2	I have two placements and one of them you, you don't have to give your mobile number but it
202		makes life considerably easier if you do 'cause the central system is only staffed every sort of four
203		days or something, it varies, and the other one erm they're not super strict on not giving your
204		mobile number but it's more of an ethos not to and so I have become very strict with that one about
205		not giving my mobile number and I did sit down about six months after I started the second one and
206		think, well what's the difference? Why am I so much more worried about these clients having my
207		erm mobile number than these clients? 'Cause you know you take them out of the setting I see
208		them and they're still just people that are coming to see you for the same thing, erm so I had to
209		have a long think about it, erm, I still don't know the answer and I still keep, I'm still keeping to the
210		same rules, more probably out of habit than anything, erm, but yeah that's completely shaped by
211		the context.
212	B4	Yeah I was gonna say maybe because it's the context like you brought up isn't it because I, i- I think
213		it really depends I mean knowing kind of where I work in a secure setting erm I've never kind of
214		given my mobile, you're not supposed give any personal information, you know even your surname
215		is questionable whether we should give that, erm , and I think that that's kind of influenced my work
216		at another kind of erm placement that's not so, well it's not, obviously it's not a prison or a secure
217		setting but I still have that same kind of feeling of, oh I don't wanna, them to have m- my mobile or
218		anything, I think I've been influenced by the other context
219	MOD	[Mmm.]
220	B4	[but now] I'm getting to the stage now where I'm thinking, well actually, like you were saying, what,
221		you know, erm there is issues with the receptionist, they never get my messages, there's all these
222		things that keep happening, why don't I just give my mobile number, which would sort it out? But I

223	B2	[Yeah.]
224	B4	[think that] kind of, erm the ethics of the kind of prison imprinted on me, so it's affected I think from
225		how I feel about it in the context, I don't know.
226	B2	But I think with that as well there's a danger that, that they've taken account of in the prison setting
227		of, of, of, the, them knowing information about you and I think it must be quite hard, and I'm
228		obviously making an assumption here 'cause I don't know, to separate that from clients having that
229		slight edge of you know your safety being at risk or that being at least something you have to think
230		about
231	B4	Mmm.
232	B2	'cause again it's s- you're seeing people for the same purpose from your point of view, you're there
233		to be a counselling psychologist
234	B4	Mmm.
235	B2	and yet, so how do you switch off the safety concern?
236	B4	Mmm.
237	B2	I think I def- I think it would definitely hang over for me.
238	B4	Yeah I think it's a big anxiety, mmm.
239	MOD	So there's something about ethics and safety.
240	B2	Erm, well it, the ethics of how you, I think it's the ethics of how you contact clients and how you are
241		with them in terms of personal information, I'm talking like the minimum of personal information
242		here like telephone number and
243	B5	[Mmm.]
244	B2	[surname], erm, but y- err, so not ethics and sa- well ethics, safety in terms of at the prison she has
245		to keep all that information quiet for her own safety, possibly, I mean I don't want to make any
246		assumptions about the
247	B4	[Mmm.]
248	B2	[prisoners] but, and then she comes to another placement where then it's not a secure setting but
249		you've got that safety, I think it would still be there, about your personal safety, you know if they
250		had personal information it would be that much easier to track you down [I mean that's]
251	B4	[Mmm.]
252	B2	how I'm thinking about it.
253	B4	Yeah and it does it imposes on your other kind of settings and contexts where I feel, erm, yeah like
254		the kinda basic ethical or boundaries or whatever that might be okay in different contexts ha- th- ar-
255		I've been influenced by it and I s- do st- my anxiety kind of runs away with me and I think, oh I can't
256		do this I can't erm reveal this 'cause then they might track me down and, but I acknowledge that's
257		an extreme view but that's
258	B5	Mmm.
259	B4	erm so I think it's really shaped the way at the moment I maybe operate with some of my ethics and
260	B1	Well I was going to ask you what do y- and you may not have thought forward to this but how do
261		you think that will impact you if you have a private practice [because]
262	B4	[Yeah.]
263	B5	Mmm.
264	B1	you've obviously [got to give them a number to contact you on]
265	B2	[Especially if it's in your own home yeah.]
266	B1	and yes and potentially in your own home, erm
267	B4	[Yeah.]

268	B1	[because that] comes up with all the disclosure issues about personal, you know anyone
269	B4	[Mmm.]
270	B2	[they see your house], they maybe see, you know things in your house
271	B2	Yeah.
272	B1	they feel much closer to you.
273	B4	yeah it's something that has come up, I didn't think about it at the start but now more and more
274		after a few incidences at the kind of prison I've erm, I think about it more in terms of private
275		practice and erm wonder whether I'll be able to do that because at the moment where I'm at with
276		kind of ethics and safety I guess erm I, it doesn't feel like I c- I could do it yet but maybe it will take a
277		number of years away
278	B2	Yeah.
279	B4	[from] that setting and I'll feel comfortable but yeah I do think about that
280	B1	Mmm.
281	B4	them knowing that, where you live like, I don't know it's quite, I find it quite, yeah.
282	B2	Well th- yeah the ethics around private practice in your own home are,
283	B4	Yeah it's difficult.
284	B2	yeah really tough. I think it was someone was telling me the other day about being sued because her
285		washing machine was on and the client could hear it.
286	B4	Well this is extreme and this is probably going off the track
287		<Laughter>
288	B4	but also you know you hear s- well one erm, this book I was reading erm around kind of anger-
289		angry clients and erm there was this one lady who got stabbed to death in her private practice by a
290		client and so
291		<Laughter>
292	B4	again it's
293	B2	[A cheery thought.]
294	B4	[extreme but yeah] this has kind of put me off
295		<Laughter>
296	B4	so it can happen you know they
297	B2	[Right.]
298	B4	[were all shocked] and it was on a training course so it was like, say it was just like us and there was
299		the colleague that was training so she was still in, they were at the end of the training or something
300		and erm got stabbed to death by a client who erm they didn't really realise the risk or something so
301	MOD	So it sounds a bit like what maybe some of you are saying is that ethics and in terms of safety, which
302		you, some of you have used, is there to keep us safe.
303	B2	Yeah.
304	B4	Yeah, keep u- yeah to keep us safe as well as erm the client but
305	B2	Has to be, well in the same what that you try to make it an equal relationship as much as is possible
306		you've got to be equally as concerned for your own safety. I think you'd be pretty naive to ignore it.
307		But you can get stabbed anywhere I suppose, it doesn't have to be in a
308	B4	[Mmm.]
309	B2	[private practice]. I mean any- anywhere that you're working I mean a client could bring a knife to a
310		doctor's surgery.
311	B4	Yeah that is true.
312	B1	There's something isn't there though about the nature of the work that we do that we do get very

313		close to people, I suppose that's why there's ethical frameworks 'cause you, you end up knowing
314	B4	Mmm.
315	B1	possibly more about that person than anybody else does
316	B5	Mmm.
317	B1	and because of that they, you know can, you know, create something with you that may not exist as
318		far as you're concerned, I mean to stab somebody suggests that you have pretty strong feelings
319		about them
320	B4	[Mmm.]
321	B1	[and] the relationship that had been [formed.]
322	B5	[Mmm.]
323	MOD	So to go back a, a bit to w- what B3 was saying then, how do you think these notions values and
324		ethics have been dealt with or spoken about on your training course?
325	B5	I was thinking about th- the training here and I think, I remember doing some like really kind of
326		almost like teaching about ethics and values, I think it was in the second year, I remember at the
327		time thinking that was really useful 'cause we needed some kind of guidance or otherwise we were
328		just floundering around a bit, and now I feel like I've kind of forgotten all of that and what's much
329		more important has just been what I've taken on more implicitly from supervisors, lecturers,
330		colleagues here, just how they, how they are, what they think is important and it feels much more
331		erm, yeah just kind of gradually absorbing that from, from people how they are rather than what
332		they, what this particular lecture did, said that we did.
333	B2	I remember th- yeah that was the foundations of professional practice.
334	B5	[Yeah.]
335	B2	[It was in first] year. I looked up, I looked up that file the other day because I wanted to check
336		something. So yeah I think you're right, I think I've done the same but it's nice to have that as a, a
337		re- a reference I guess.
338	B5	Do you remember what you thought of it when you looked at it? Did you think it was helpful and
339	B2	Yeah it was, I mean, I think it makes a lot more sense to me now than it did then when I sort of
340		barely knew what I was doing
341	B5	Mmm.
342	B2	erm, but yeah like we had lectures on storage of material and things like that, erm, dunno why
343		that's the one I remember but
344	B5	<Laughs>
345	B2	'cause it's so practical like y- you know this training course is sometimes so high level and
346		philosophical, and actually you need to know how you store things and where you keep recordings
347		and how long you keep them for. You can't ignore that side I think. It's, 'cause it's just as ethical, it'd
348		be just as inethical to leave the recordings lying around for anyone to listen to as it would be to, I
349		don't know, tell your client your middle name or, you know whatever.
350	MOD	So if they feature in that practical side of things and you're saying there's a- there's another higher
351		level philosophical side of things, how do they feature in that part of the training?
352	B2	The philosophical side? Erm, I guess it depends what you include in philosophy, if you include the
353		sort of erm the thinking around what the models are trying to say or why they're you know, their
354		argument, erm then yes because they all sort of say something about how you are with a client,
355		what, how much of yourself you share, your way of being. I feel
356	B5	[Mmm.]
357	B2	[that ethics] and values have been quite explicit all the way through our course.

358	B5	I was going to say it sounds like what you're saying but that that higher level it's kind of you can't
359		really separate it out any more
360	B2	Yeah.
361	B5	because it's much more, erm, yeah about the way that you're learning that particular, whether it's
362		person centred whatever, it's that kind of the whole philosophy of what it means to relate to the
363		other.
364	B2	Exactly, yeah, of being with them.
365	B5	Mmm.
366	MOD	And is that something you learn?
367	B5	Yeah, erm I mean not necessarily learn as in a sort of bullet point you know sort of points way but
368		learn from being with others, your relationships and through I guess what we're, what we're taught
369		on the course, the philosophies, the way that we're challenged in supervision if we're kind of, I don't
370		know, being defensive and not encountering ourselves or the other person in, in s- in some way,
371		erm, so yeah I think it's learned.
372	B2	Learned and absorbed.
373	B5	And absorb- yeah, yeah.
374	MOD	Through the doing is that what you were saying? Through
375	B5	Through the doing and through the interacting with, erm, colleagues, lecturers, supervisors, it's,
376		yeah, and your own reflecting, yeah that's kind of important as well, so
377	B2	And eth- I would say experiential group was quite interesting from that point of view. It was my first
378		experience of group at all and you, you know I learned a lot very quickly about how I wanted others
379		to behave with me ho- what in turn therefore I, how I expected to behave with them in terms of like
380		confidentiality and respect and, erm, yeah in terms of implicit learning I think that was really
381		important for me. Feels like a long time ago now.
382	B4	Mmm.
383	B1	I suppose as the way you say it's almost like that kind of do as you will be done by isn't it and I guess
384		all of you have seen erm therapists, so you know how you would like to be treated
385	B2	[Yeah.]
386	B1	[or] what you would like to have respected about your information or anything you say and, yeah
387		how you want to be treated so, I think turn that the other way round and
388	B2	Yeah.
389	B1	that's a good, a good way of learning how you want to be, having a model of it maybe.
390	B2	Yeah I can't think of anything worse than being a therapist to a trainee, you know the amount of
391		studying I did of my therapist to like work out what he was doing and how he behaved in certain
392		situations. I'd be very self conscious.
393	B5	Mmm.
394	MOD	So what about that, what about then the client's values? 'Cause I, I think what you were giving an
395		example there where you were the client but you were also being reflective because
396	B2	[Mmm.]
397	MOD	[you were also] a therapist so, is that something that you think about, clients' values, or clients'
398		ethics?
399	B2	Ooh that's a really good question. I'm not sure I think about their ethics that much but you pick up
400		things from clients about the way they like to behave, like even from the first telephone call when
401		you're booking the appointment, I had, I spoke to a lady the other day who wanted to know on the
402		phone what my training was, erm where she sh- where exactly she would be when I met her, the

403		time, she wanted all that information beforehand, erm, and so I responded with a, quite a lot of
404		written stuff for her 'cause it felt like that's what, how she liked to manage things, erm, so yeah
405		maybe not I'm explicitly thinking, these are their values or ethics, but I'm definitely, I definitely try
406		and respond individually to how they'd like to manage things, as far as is possible within the
407		boundaries I guess. I don't know what anyone else thinks about that?
408	B3	I feel that the message I got from the training sometimes was just take a step back and think about
409		it and reflect and I've recently started thinking that clients, err in terms of the client's values, they
410		would like you to be more involved, more active, and I've started thinking of that because of my
411		personal therapy where, erm, in which there are elements of CBT, and I found it really helpful. So
412		erm there has been a shift in me. It was like what the training says and what the client find helpful
413		are two different things, because in the training there is too much thinking and reflecting and, you
414		know, trying to produce something verbally, whereas the clients want you to be, I find, want you to
415		be there, erm, for them and be affected by them, that's, because I find that in, in my therapy this is
416		helpful, in my personal therapy.
417	MOD	So is there a tension there between the two? Between
418	B3	The training you mean? Erm I feel so yeah. I mean erm, I haven't, erm up 'til now, seen a model, a
419		role model, of a therapist, which refers to, to the humanity t- to being there with a person. I've seen
420		mostly how things are, erm, explored, or reflected mentally, and, yeah.
421	B5	So that, your therapist kind of provides that new kind of model for you, you know?
422	B3	Yeah. It's like a role model for me. Not to the extent, like my previous therapist who would walk
423		around the room, not that, that is not even therapy for me but, you know, to sort of, being human
424		and, exactly, thinking of the client's values as well, because you might be caught up in, you know,
425		thinking your values and your requirements of the course and the essays
426	B5	Mmm.
427	B2	Mmm.
428	B3	you know not take into consideration the client's needs I guess.
429	B4	I think that's a big thing on training that you've just mentioned about erm getting so caught up in
430		your kind of needs and erm values and things in terms of, maybe not values so much, but in terms of
431		training and knowing you need a certain amount of hours and knowing that we need to do CBT or
432		knowing that we need to do this ECS study or whatever, and i- hhh you know personally I found
433		myself getting so wrapped up and anxious about that and getting recordings and everything that I
434		think, erm, I've lost sight of the client, or I did lose sight of the client
435	B2	[Mmm.]
436	B4	[and] erm, it just felt really unethical to me like, what am I doing erm, it was all about kind of getting
437		recordings and making sure they're okay and erm, yeah it felt really, not very good I think, and we
438		are under so much pressure I think, especially in the last year, that it becomes a bit more like
439		survival rather than
440	B5	Yeah.
441	B4	erm anything else.
442	B5	[Yeah.]
443	B4	[I] dunno, that's what it's felt like with my clients lately and I kinda had to shake myself and remind
444		myself of kind of my values and the ethics and
445	B5	But it's a real like there's a real tension there because we do have the things like our needs in that
446		situation, we can't just ignore that and pretend they're not there, so it, it does mean you kind of go
447		into a situation and it feels like you can't just be in a way that's totally about what, what their needs

448		are because
449	B4	Feels quite restricting
450	B5	[Yeah.]
451	B4	[I'd say.]
452	B1	The thing you're talking about I, it wasn't me but I remember somebody specifically saying that they
453		had a client that they wanted to use for the erm the extended case study but it was a ver- they were
454		a very vulnerable client and actually I remember there being a debate about how this student felt
455		she sort of press-ganged this client into agreeing to taping
456	B5	[Mmm.]
457	B1	[when actually]
458	B4	Mmm.
459	B2	[Yeah.]
460	B1	[it probably] wasn't the sort of, it wasn't the sort of situation where actually recordings were a
461		desperately good idea
462	B5	Mmm.
463	B1	because some of it was really sensitive
464	B2	Yeah.
465	B1	and so there is a real
466	B4	[mmm]
467	B1	[tension between], this is a fantastic client <Laughs> you know this is
468	B2	<Laughs>
469	B1	[a really] interesting person to use for the
470	B4	[Mmm.]
471	B1	[case study], yet actually ethically it probably wasn't right to even think of using, because of what it
472		then did in the room as well as having got
473	B2	[Yeah]
474	B1	[consent] to tape.
475	B4	Yeah and I think training courses need to consider that, I think erm they've been quite rigid in
476		requirements and erm, must be this many sessions, must be this must be that, and I think to be
477		more flexible about that might release some of the tension on us and make practice a bit more
478		ethical or allow us to be a bit more true to our values rather than kind of
479	B5	[Mmm.]
480	B4	[squeezing] into these boxes, I think that that's a
481	MOD	So they could model it [almost.]
482	B4	[big] issue, erm, yeah.
483	B5	Mmm.
484	B3	Or help us inte- integrate the two, because you know as you said you can't really forget that you
485		have needs and go to (some) sacrifices, or the opposite, but it's difficult to, to integrate these two.
486	B2	Plus when you're with a client you know you're recording f- with a- with a view to doing an
487		assessment on them, it totally affects the way you are and I
488	B4	[Mmm.]
489	B2	[I list-] I had this client I knew f- for ages I was going to use her and I, then I when I went to find the
490		actual ten minute session, I listened to all the sessions I'd thought were good where I'd been really
491		trying to keep in the model and all of that and they were terrible and I went right back to the
492		beginning and ended up using a session before I'd even thought about it 'cause it was so much more

493		natural and less sort of pushy with her.
494	B4	Mmm.
495	B2	And I was so ashamed afterwards, I'm so pleased I don't have to hand in all the sessions, erm
496		because it was t- I wa- I couldn't have done it, it would've been too embarrassing.
497	MOD	And w- and what was it about the difference? Can you say a bit more about that?
498	B2	Hhh, something about being really self conscious about what you're doing and everything and
499		saying, about like trying to put in lots of deep and meaningful insights, because I was, it was
500		psychodynamic, erm use the right words or, I don't know, I mean I try not to use jargon in the
501		therapy room as a general rule erm because I think it does something to the power balance but erm,
502		I dunno really push fo- fo- for them to say meaningful things and, I think self conscious is the best w-
503		is the best way I can describe it because you stop being about them s- su- to the same extent as you
504		are when you're not worrying about something else, erm
505	MOD	And so what was it that you were worrying about?
506	B2	Err well having a good, a good, very psychodynamic recording that I could type up and present as
507		me being a good psychodynamic practitioner, erm, and actually I think any exam marker or essay
508		marker worth his salt would realise that it's more important to be real and authentic than to have
509		good psychodynamic interventions in there, at least I hope that's what they're looking for.
510	MOD	So there's something about you demonstrating a kind of competency that you thought
511	B2	Yeah.
512	MOD	[they wanted to see?]
513	B2	[and I], and I think in retrospect I got it wrong, or at least I hope, yeah like I say, I hope what they're
514		looking for, I got it wrong.
515	B4	So in a way you're trying to show an ethical kind of piece but by doing that you're
516	B2	You [become unethical.]
517	B4	[being unethical], mmm.
518	B2	'Cause nothing [()]
519	B4	[yeah I relate to that.]
520	B2	to be fake in the room must be the th- least ethical thing.
521	B4	Mmm, mmm.
522	B2	Actually I've heard some people say they do that after supervision as well, in fact one of our
523		lecturers who we had this morning said erm, you know you can always tell when someone has been
524		to supervision 'cause they come and sort of bash you over the head with something that's obviously
525		come up.
526	B5	Yeah yeah yeah I remember that was <i>TUTOR</i> 's comment.
527	MOD	So what, what was, what in that situation is the model getting in the way of?
528	B2	Erm.
529	MOD	Or the assessment getting in the way of?
530	B2	Well it's a, I mean it's, it's a really tough question that isn't it 'cause if you're using a model erm, and
531		I don't mean in the purist, purist sense, but you're trying to work along the lines of one model, you, I
532		think you should have that in your mind, or at least be trying to sort of relate what you're saying or
533		doing, erm, but not if that gets in the way of responding genuinely to the person, in the m- in that
534		moment, hhh see I get so caught up 'cause I hate these words, sometimes they sound so like you're
535		just using them because they're all the right psychology words but, erm, I guess so they say
536		something and you respond to that, I think sometimes when I was trying really hard to f- to focus on
537		the model they'd say something and I'd say something back but it wouldn't quite be back at them

538		it'd be slightly off, 'cause I'd be trying to fit in my own something. I'm probably not explaining this
539		very well.
540	MOD	No.
541	B2	Erm, so I think, I guess what I'm saying is that my value on being with a client is to respond to them
542		first and then think about what model I'm using to do that or, you know how I'd try and fit it in just,
543		to a theoretical idea that I have, but that, I think that has to be second.
544	B4	I think that's what erm a certain lecturer at this course as well always kind of banged into us that
545		erm, with the training, that kind of model comes second and relationship and connection and that
546		comes first. When you were speaking it reminds me of certain supervision that we had in second
547		year, erm around that.
548	B2	Do you agree?
549	B4	Yeah, but it's easy to kind of get caught up in the model when you, like you were saying, you've got
550		a piece of work and you
551	B2	[Yeah.]
552	B4	[need to] show that it's CBT it's so easy to get caught up and actually do really bad therapy and then
553		be like, mmm. Yeah. I do agree.
554	B5	And also I suppose it's only a model like you might find certain parts of it don't fit with your ethics,
555		like the idea of like, I dunno in the more traditional psychodynamic work that real neutrality, that
556		might feel like it kind of goes against what you're trying to do, so it's I suppose building your
557		relationship with the model and kind of working out your position with it and then using it rather
558		than having it there as a model that you're trying to squash into yourself kind of a thing.
559	B4	Mmm.
560	B1	I think you said something interesting earlier about not feeling like you were being yourself and, and
561		I can remember a supervisor saying to me a psychodynamic a Jungian psychoan- analytic supervisor
562		saying that, you know when you have kind of, you will, you've kind of got there, it's when you're in
563		the room and you feel like yourself.
564	B2	Mmm.
565	B3	Mmm.
566	B1	That you're not actually thinking of the model or thinking should I say that
567	B5	Mmm.
568	B1	but there's something about actually just being you.
569	B5	Mmm.
570	B1	I think all the training stops the being you, you're so afraid that you're not listening and reflecting or
571		making, you know, the right interventions that you stop being yourself
572	B2	[Yeah.]
573	B1	[for a] while.
574	B3	And I think this could be communicated erm through the relationships in the training between the
575		lecturers and the students and the way they teach.
576	B1	You'd like some modelling of the way to be would you?
577	B3	Err yeah [and apart from that]
578	B1	[I would also have liked] that.
579	B3	I would like more dialogue and, you know because if it's about the relationship then it becomes,
580		then it's not about theorems and knowledge of the lecture it's about trying to, it's about focusing on
581		the implicit knowledge and about trying to get, for example like in the conversation that we have
582		now, or through dialogue, I think for me this is the real knowledge.

583	B5	So do you feel that sometimes it was just throwing knowledge at us
584	B3	[Yeah.]
585	B5	[rather than] actually relating to us?
586	B3	Yeah that's what I feel and I think this happens in education in general, but in a relational course I
587		think the relationship should be something that is more valued. Even in the relationships you know
588		when we have meetings and they don't want to meet us because they don't have time or
589	B4	Mmm.
590	B3	you know, and and how sensitive they are towards us.
591	B4	Insensitive did you say?
592	B3	Yeah.
593		<Laughter>
594	B3	No I said sensitive but
595	B4	Oh.
596		<Laughter>
597	B3	Yeah, because I feel, you know, supervision is about, you did this wrong, whereas if we are relational
598		therapists it should be something more implicit, you know not so explicit <Laughs>
599	B4	Mmm.
600	B3	or, sometimes it's like the goal is to prove who is wrong and who is right and I think that's o- for me
601		is off the track of our field.
602	MOD	And so what happens then in practice when you go, when you come from your training and you go
603		into practice and how does it, how have your experiences in placements and in practice shaped your
604	B3	That's a good question. Erm, sometimes I feel very shaken and kind of useless I guess, useless? And
605		then when I have supervision I talk with my supervisor, my placement supervisor, about what I had
606		in the training trying to sort that out, trying to feel more conf- confident so that I'm, you know, I can
607		be with a client in a more meaningful way.
608	MOD	What about others in terms of your placement experiences practice experiences how do you think
609		that's shaped your views on those two terms, values and ethics?
610	B2	A lot I'd say well it's what, like you were saying earlier about that sort of implicit learning through
611		absorbing and, I had group supervision, still do for one of my placements, and that was a massive
612		learning experience, 'cause there were people who were older, I mean older in terms of training,
613		erm and you definitely learn from, even from the way they talk about their clients.
614	B1	For me I've learned more I'd say from working in, you know, in hospitals or on a placement, about
615		the way to be and the, the, the right way to be with clients, I've definitely picked up on when you
616		were saying I'd like it to be modelled in a way, that for me is most, has been the most important, to
617		see others do things and to
618	B2	Yeah.
619	B1	Think, mmm yes I, I like that, that's fits with how I, I feel about those things. So not really the
620		training and certainly not in terms of values or ethics. I wouldn't say, I learned almost nothing from
621		my training about values and
622	B2	[Really]
623	B1	[ethics] I
624	B4	Mmm.
625	B1	learned it much more from supervisors
626	MOD	Mmm.
627	B1	and, and colleagues working in a, qual- qualified colleagues, working doing the job.

628	B3	And I think erm if we are kind of attacked in supervision and research presentations then what is the
629		message that this sends, that the relationship with a client is about attacking them? Because I
630		frequently feel attacked by the way that the feedback is given to us. I know the good, I mean I know
631		there is a good intention and it's about learning and in order to learn you have to listen to the
632		opposite, you know side of it but it's something about the way that's being done, sort of like, you
633		didn't really think of that and, what is that? It's, I don't know, it seems quite intimidating to me.
634	B2	It feels like you've had some really bad experiences.
635	B3	Erm, well I've had a couple, of times, there, there were a couple of times where I perceived erm
636		things as attack but it's also what I say about others students too, I mean when they deliver their
637		presentations for example.
638	B4	Yeah.
639	B3	I can see they're learning and that we don't know everything and we need to listen to the opposite,
640		or to different opinions but it's something about, now, erm, sometimes it's something about, you
641		know, I'm the father and you are the child who is acting out and I will show you how it's done, and
642		for me I don't know, it seemed like a projection, to me, to us, of other people's values then, you
643		know. I mean it could happen in a different way, that's, that's what I say.
644	B1	It sounds like whatever values you think are being modelled they don't, they don't sit very well with
645		yours.
646	B3	No.
647	B1	No.
648	B3	I don't only err, I mean for, I feel for other people, I don't I don't feel but I think, why does it have to
649		happen that way? It's all about the relationality and, you know, I don't know. We're not in the
650		parliament or someth- I don't know it's <Laughs> it just seems strange sometimes.
651	MOD	So what do you think the values and ethics of counselling psychology are? I know you've said that
652		you don't think it's necessarily [a]
653	B1	[Counselling] psychology specifically.
654	MOD	distinctive identity for you perhaps.
655	B1	(I'm not sure I could increase it more than like that though but erm.)
656	B2	Start with the person, the individual and their context. That for me is the primary one of counselling-
657		well, that, I think of it as counselling psychology but I'm fully prepared to see that it could be other
658		people as well.
659	B5	For me it's something about erm, which I've taken on from various readings and things, about sort
660		of recognising difference, because there is that thing of, when you're trying to be empathic , you
661		sort of think that maybe your experience can tell you something about someone else's experience,
662		and trying to sort of almost walk in someone else's shoes and, and that's kind of like one of the
663		things that I've learned and that's been quite good on this course I think is actually acknowledging,
664		yeah the difference of another person, kind of, erm, always just, yeah being aware of that I don't
665		know if there's another way of putting it but
666	B2	So is that like saying that empathy can only go so far?
667	B5	Yeah or empathy doesn't mean you can ever completely get it, you're always trying to kind of, I
668		suppose, sounds all kind of wishy washy () but just kind of meet someone through, I
669		suppose, the way that you are who the words that you've got
670	B2	Yeah.
671	B5	erm, yeah.
672	B4	I suppose for me thinking of an example, and again might, mine might be quite unique 'cause of the

673		setting but where my erm, counselling psychology values and ethics have clashed with the ethics of
674		my kind of placement or my context and that's been a constant challenge for me I think during the
675		training, and being on the training and course and them kind of saying, counselling psychology kind
676		of ethical code and that and then seeing in practice in the reality of somewhere like a prison,
677		because you know counselling psychologists do work there, erm that, err you ki- there's a whole
678		'nother ethical code that you've gotta follow and it doesn't necessarily always err fit nicely with the,
679		the therapy kind of code, so a constant tension you know like breaking confidentiality if they
680		mention err anything to do with security, or safety, or drugs and I know that that kind of is the same
681		but erm it's a lot more, I mean supervision for me there is mainly just around ethical, i.e. following
682		the ethical codes of the prison, i.e. following the ethical safety thing, so it's turned into that, so we
683		never discuss the client erm, you know it's, it's turned to that which is, is quite difficult for me to
684		focus on the client when the supervision is focused on the ethical framework. So that's kind of an
685		extreme form where I think it's turned, yeah it's not really
686	B5	[Mmm.]
687	B4	[necessarily] a good thing erm because my supervisor completely misses the clients and
688	B5	Mmm.
689	B4	I don't necessarily that m- means I do, I mean I do reflect and stuff at home but yeah it shows how
690		that environment can completely, well it's, yeah, they don't, it's not a therapeutic environment I
691		guess, that's the values and ethics of the prison, punishment and safety and, but yeah that's been a
692		challenge for me where they've clashed.
693	B2	Maybe it's those kind of situations that actually help delineate your values and ethics, you know
694		when they're challenged or when it's difficult to keep them
695	B4	[Mmm.]
696	B2	[there], it really makes you work out what's impo- what, what really matters, what ones you're sort
697		of more flexible on or aren't as important for you.
698	B4	Mmm.
699	B2	I work in a GP's surgery and quite often my clients announce themselves to the receptionist, which
700		they don't have to do but it's obviously a sort of almost Pavlovian reaction to tur- walking into a
701		doctor's surgery, erm and I always make a point of saying you don't have to because of
702		confidentiality reasons but that's, it's sort of a half hearted effort really because erm the
703		receptionists have access to the counselling diary, if they really wanted to know it would be very
704		easy for them to find out who was coming for counselling
705	B4	Mmm.
706	B2	erm and you know it's all me- medical records which are all typed up and receptionists have access
707		to so
708	B4	Mmm.
709	B2	you know I've had to really consider how much of my sort of need for confidentiality is, comes from
710		me wanting to be really strict on that for my own sense of I'm doing
711	B5	[Mmm.]
712	B2	[this right]
713	B4	Mmm.
714	B2	but where, in a situation where it's actually not possible t- to maintain that.
715	B4	Mmm.
716	B2	You know it the must be same in the prison like people must know.
717	B4	Yeah a big thing for me is kind of walking on the wings and saying, i- it's quite hard sometimes

718		'cause people kind of yell out to you, where are you from where are you from, and you're going to
719		see a client and you know if you say, oh I'm from the counselling department, then the whole wing
720		know that someone at <i>PRISON WING</i> is seeing a counsellor and like
721	B2	[Yeah.]
722	B4	[that's] quite hard because that's, makes me feel like, oh god what do I do, do I lie and say I'm not a
723		cou- like from a couns- like I'm not a counsellor? But then if they want to refer and it's a- gets all
724		really messy 'cause
725	B2	[Yeah.]
726	B4	[I'm] trying to think of the client's values of the stigma in a male prison of having therapy and then
727		also, erm, yeah well I guess it's more the cl- the client in that
728	B5	[Mmm.]
729	B4	[situation than] my own but, so yeah, like it's the same with doctor's surgery, I think it's really, I find
730		that really challenging sometimes, and I know, you know, it's happened to a colleague and they've
731		complained, prisoners have complained about that so
732	B2	Right.
733	B4	erm it's obviously stuff they pick up on.
734	B2	Yeah.
735	B1	Have any of you had that situation where you've met a client out of situation?
736	B4	A what sorry?
737	B5	Mmm.
738	B1	Where (you've met either) a client you've been working with
739	B2	[Mmm.]
740	B1	[or your] still working with or have work- worked with and then you see them again, somewhere
741		else. 'Cause that's I suppose an ethical thing as well it's about identifying
742	B4	[Mmm.]
743	B2	[Yeah.]
744	B1	[them as a client or], and it's something that I, you know talk to people about, particularly working
745		with young people 'cause you, they might think it rather odd if you, well met them in the high
746		street, that you didn't go over and say
747	B4	[Mmm.]
748	B2	[Yeah.]
749	B1	[hi how are you] but you wouldn't do that, that's
750	B2	I think it's one of those things that's going to happen to all of us eventually in some form or another.
751	B5	Mmm but I remember my first supervisor I ever had, she was erm humanistic existential and she
752		would describe, you know seeing a client erm after a few years and going up, giving them a huge
753		hug and having this whole in depth conversation and I kind of felt like, that to me feels like a sort of,
754		just a really like nice human response at that time and then it was, and there still is a part of me that
755		sort of thinks, well actually, erm, that it, it feels something, especially if someone kind of expects
756		that kind of warmth and that conversation for you to then kind of not do what
757		[Yes.]
758	B1	[Mmm.]
759	B4	[they expect] it does, it does feel quite [non-human.]
760	B5	[I think it's one s-] something that I've s- we will- that has been talked about for that reason because
761	B1	it might seem really quite rejecting and
762	B4	[Mmm.]

763	B2	[Yeah.]
764	B1	[and quite] unpleasant to not, you know certainly not to approach them, if they approach you that's
765		different.
766	B2	Yeah it's the same thing with you were talking about presents earlier, like sometimes, you know I
767		know that the theory is don't accept them but sometimes it feels rejecting, you know if they've
768		brought you a card or something, like one client brought me a hand-made card and I just thought
769		the value of me rejecting it for the sake of me being all smug about my ethics
770	B4	Mmm.
771	B2	was not worth it for the sac- you know for the effort she'd gone to.
772	B5	But it's weird 'cause we've got this idea that ethics are there kind saying you know don't be naughty,
773		don't like do anything that's kind of spontaneous, natural,
774	B2	[Yeah.]
775	B5	[human thing]. It's a bit warped.
776	B4	Is that ethics or values though? That thing about, erm sorry my mind's gone blank, erm that thing
777		that you just said, erm accepting a present and stuff.
778	B2	Err, I don't know what, I guess the question is what would be unethical but I mean why do we get so
779		worked up about presents?
780	B1	Yes I don't know why you've been definitive, why, why you definitively think you can't accept a
781		present. My understanding is you can if it's
782	B4	Yeah [I don't.]
783	B1	[appropriate] but you work with it
784	B2	Yeah.
785	B1	you look at why, and what, and what's it really about, and you can use it therapeutically.
786	B2	But it, well from my experience it's only happened as they're leaving from the last session.
787	B1	Right.
788	B2	Erm.
789	B1	I had one very present heavy client.
790		<Laughter>
791	B2	And did it, was it helpful in terms of the work?
792	B1	Actually it was, it was helpful, in lots of ways, about wha- I mean I could talk a bit about it but maybe
793		not, maybe not for this, err yes it was because she would give things and then she would sort of
794		diminish them and say that they were worthless you know,
795	B2	Right.
796	B1	which she thought, making comment about the therapy, or gave us a chance to talk about that or
797		about herself, that she wasn't worthy of having err therapy that was of any value, I think that's what
798		was really going on, and I don't think, I'd agree with you, I wouldn't say, you know take that away
799	B4	[Mmm.]
800	B2	[Yeah.]
801	B1	[that would be]
802	B2	Well I don't I tend to accept them and then to s-
803	B1	Keep quiet about it.
804	B2	Yeah.
805		<Laughter>
806	B1	At least this is anonymous.
807	B2	Yeah you feel like, you know, actually I have been pretty honest about it with my supervisor, 'cause

808		she's pretty open to that sort of thing, erm but again it's about managing it, you know if they'd
809		turned up with something completely inappropriate.
810	MOD	But there's some connection between ethics and being naughty.
811	B2	Well this is what you seem to be saying yeah.
812	B1	Yes and not behaving the right way.
813	B5	Yeah so that kind of idea of what you should be doing and if you're kind of
814	B1	Maybe it's not what you want to be doing that seems to be the suggestion.
815	B5	and that maybe comes from the model again like, I'm thinking maybe, I don't know 'cause we did,
816		we did do a whole thing on kind of the specific example of presents, and not necessarily accepting
817		things. I can't remember but the, [the]
818	B2	[We watched] that video with the guy with the silk pyjamas.
819		<Laughter>
820	B5	Yeah but it, it kind of almost, I think we understand it sometimes as like a rule, that we shouldn't, I
821		should not accept [presents.]
822	B2	[Yeah.]
823	B4	Yeah it depends if
824	B5	It does depend but I've certainly been on placements where it's been like the, you know, or jobs
825		where the rule is do not accept presents because it, various sort of reasons.
826	MOD	So do you think you've ha- found space either on training course or in placements to reflect on the
827		rationale for these rules?
828	B2	Most of them I'd say, clearly not the
829	B4	[We worked]
830	B2	[present one] as this has just come out.
831	B4	We worked through them didn't we like on the silk pyjamas video and stuff.
832	B2	Yeah .
833		<Laughter>
834	B4	Looked at why silk pyjamas might not be appropriate or how you could work with it, the client, like
835		you were just saying like use it, so I think there has been, it hasn't just been like, you can't do this.
836	B5	Mmm.
837	B4	I mean they acknowledge that we're D-level and huma- you know we're like thinking minds and
838		stuff and can think through that for ourself I think. They're not just printing rules on us.
839	B5	[No.]
840	MOD	[Are they-]
841	B2	[But that] does seem to be how we've interpreted them so, doesn't it, or I, you know, I definitely felt
842		naughty for it the first time, I've got better at it now, the first time I accepted a present it definitely
843		felt the bad thing to do or the wrong thing to do
844	B5	Mmm.
845	MOD	Were you just saying that you're left to think it through yourself?
846	B4	Err
847	MOD	That it's presented to you and you're left to [think it-]
848	B4	[I think] to a certain degree I think, err, I think B5 mentioned it, it's, it's about, depending on the
849		context and depending on what it is and, you know, I feel that you should be able to kind of think it
850		through yourself and know your client, know what work you've done, how long you've been
851		working with them rather than thinking, right they've got me like chocolates after this long I can't,
852		so

853	B5	[Mmm.]
854	B4	[in that] sense you should be thinking it through yourself that's what I meant I guess, rather than
855		them, erm, you know rather than it being of a set strict rules that we must follow and, that's how I
856		interpret it anyway, I do- I don't know.
857	B5	No no I think you're right I do remember, you know you go through particular examples and then
858		from that you kind of think, okay what might I do in this situation or that
859	B4	[Mmm.]
860	B5	[situation?] 'Cause I think sometimes there is a bit of a conflict, like for example if someone, erm
861		especially when you're early on in the training and someone's very distressed and you're coming to
862		the end of a sessions and it's like well you know you're supposed to kind of maintain a boundary and
863		you know the rationale for that is because it can be more containing and kind of give the message
864		that you think they can cope but then someone's there sort of crying and you feel
865	B4	[Mmm.]
866	B5	[well actually] that's just awful to send them out of the room like this, so you kind of extend the
867		session and then, but there is, I mean I know that, I suppose times when I've done that I've kind of
868		felt, oh I've been a bit naughty
869	B4	Mmm, [I think]
870	B5	['cause I know] the rule is about those kind of, you know, boundaries basically.
871	B4	Mmm.
872	MOD	So when you do do what you think is a bit naughty, where do you think you're operating from?
873	B5	I suppose in psychology terms I sort of think of maybe like superego kind of, this is a rule, so it's kind
874		of me telling myself that, I suppose that, is that what you kind of meant?
875	B4	But where do those rules come from kind of thing?
876	B5	Oh from erm I suppose this training really
877	B4	[Maybe-]
878	B5	[so] you know particularly around boundaries and keep maintaining them, why you do that, it's kind
879		of
880	MOD	So the training would say that some of these rules need to be thought about flexibly, is that what
881		you mean?
882	B5	But but some of them need to be put in place erm rigidly so that you're creating a safe therapeutic
883		space to do the work. So for example a rule would be to make sure you do err confidentiality and
884		stuff in the first session so that you, you know, establish a safe co- so there are some sort of rules
885		that are more fixed I'd say and that would include confidentiality and also timing really, like [you
886		were saying about]
887	MOD	[I guess] I'm interested in when you're saying you being naughty I'm wondering who you feel you're
888		being naughty in the eyes of or, if you're, [if you-]
889	B5	[Yeah] probably <i>UNIVERSITY</i> .
890	MOD	Right.
891	B2	I wonder if sometimes at the beginning, especially in training, we take rules more, as more fixed
892		than they are because it makes us feel safe, and because it, it means that you've got I f- I, I think I
893		definitely took some rules as more straight down the line this is just, you know you cou- you, there's
894		no flexibility, you cross that you're wrong, because it meant I knew more, I felt I knew more what I
895		was doing, and where the lines were, and actually as you get more experienced you know that it can
896		be bent a bit and you can use your
897	B5	[Mmm.]

898	B2	[professional] judgement
899	B4	[Mmm.]
900	B2	[to assess] how far. I don't think, I'm just trying to think of rules that I feel <i>UNIVERSITY</i> have been
901		like, there is no debate on this, and there are very few.
902	B5	Mmm.
903	B4	Maybe they knew that they kind of had to give the certain rules, like you were saying fixed, but then
904		they knew that, from their own experience or something, that it is a process of erm, which we've all
905		kind of touched on, erm learning like through our, through our practice and learning these things
906		rather than, learning that they can be flexible as we
907	B2	[Yeah.]
908	B4	[get more] experienced, 'cause I certainly feel like that now knowing
909	B5	Mmm.
910	MOD	And for you that's something about professional judgement, that's, maybe tha- maybe that's what I
911		was, my question was, if you're not operating following <i>UNIVERSITY</i> 's rules or the rules that they've
912		said and that makes you feel naughty, I was wondering, whose rules you were un- operating under
913		in a way, I mean
914	B5	[Oh I see.]
915	MOD	[I guess that-] it sounds like
916	B5	[jus-]
917	MOD	[you're s-] you're saying that you'd be operating from a place of your own professional judgement.
918	B2	Yeah, I think, which is, my professional judgement is probably strongly influence by where I trained,
919		you know because, you know we all know the sort of stereotypical differences between this
920		university and others in <i>CITY</i> but yes I think you take in the bits that are important, you know you
921		internalise it, it, yeah, because in the end when you're at your placement it's just you, and you have
922		to make the decision for yourself
923	B4	[Mmm.]
924	B2	[and you have to live with yourself] afterwards.
925	MOD	Yeah I guess I'm still interested in when you're operating in erm opposition to a rule
926	B2	My conscience.
927	MOD	[Would you be-] your conscience.
928	B2	Yeah. Well but then that's where the professional judgement comes in because, erm my conscience
929		will only kick in if I feel I've bent a r- if I feel I've done something wrong, or if I haven't managed it in
930		a way that I could be proud of.
931	B1	When you were saying that I was thinking where I have bent the rules if that's what you want to call
932		it, erm I don't think I mean necessarily ethical things but, like boundaries, like extending the session,
933		or like letting somebody call me or text me, it's because I judge that they needed that
934	B2	[Mmm.]
935	B1	[that] that was the right thing to do therapeutically and the right thing for our relationship, and for
936		that, it was okay for that reason and
937	B2	Yeah.
938	B1	you know that was an exception to the normal rule that you wouldn't ever do that, and it was set up
939		like that, that this is because, you know if you've got a suicidal client well what do you do? Do you
940		tell them no contact between sessions or do you say that's okay? I think it would be unethical to
941	B2	[Yeah.]
942	B1	[leave them], you know to their own devices if that's how they, how they are.

943	B2	Well I think you also have a responsibility as a human being sometimes.
944	B4	Yeah it comes back to being human
945	B2	[Yeah.]
946	B4	[doesn't it], mmm.
947	B2	which I think is what you're saying [isn't it?]
948	B1	[Yes]. kind of responding on a human to human
949	B2	[Yeah.]
950	B1	[level] and not saying these rules are going to kind of prevent that.
951	B2	Yeah. 'Cause if you walk passed someone sobbing on the street holding a gun, you wouldn't walk
952		passed. Whereas if it's your client suddenly you're expected to say no it's out of the therapy hour, as
953		if to leave you there effectively.
954	B4	Mmm.
955	B2	But yeah I mean it's, that's one of the things we have to, judge it for yourself on the situation.
956	B3	I feel all these things could be discussed more thoroughly on erm, on this training, could have been
957		discussed, thinking that this is a relational training, because in the first year it was explicit that it was
958		relational, in the second year, on the second year it was forgotten, and now it is brought up again,
959		you know like people saying erm, it's not, forget what you learned and to kind of be yourself in the,
960		in the room. So it was quite vague, you know, and we have to erm, to contain the feeling of guilt or
961		naughtiness and try and figure things out, where it, it could happen in, within the training for me.
962	B2	But I think I do think that you have responsibility to think things through for yourself. I mean it, part
963		of what you said about being at doctoral level. I don't think I would expect to be spoon-fed things,
964		especially not in a, a in- an industry or business that is so unpinabledownable as this one.
965	B3	Yeah. I mean what, what we are doing now doesn't feel like anybody's feeding anybody, it's just a
966		discussion and, things that are inside the relational-ity, that have not been discussed for me.
967	B2	Oh I see so you think we could have groups like this on the course where we
968	B3	Yeah and
969	B2	[Yeah that's not a bad good.]
970	B3	[things be considered] more.
971	B5	So, is there like there hasn't been a space to consider things that you think are really important?
972	B3	Yeah, and I think, and I felt they know it kind of, because now they said, forget about everything we
973		have been very rigid. If they didn't, if they weren't aware of it then they wouldn't say that now in a
974		way.
975	B1	I was just thinking, 'cause it sounds as though you were talking about being given the rules from
976		which you will not deviate initially, maybe because maybe you are too worried to, you know, you
977		follow everything because you don't really know what else to do, and then I was just thinking are
978		there, is that, is that related to ethics though, because I'm not sure that my experience would
979		change how I would behave in an ethical sense. It's different, it sounds like it's a different thing but
980		is that, do you think it's a different thing we're talking about?
981	B3	The experience and the ethics on
982	B1	Yeah I'm, I'm thinking I might learn to bend rules because I think it's better for the client the more
983		experienced I was but I don't think I would look at an ethical situation differently because I was
984		more experienced
985	B5	Mmm.
986		I think I would still you know think confidentiality and would still think
987	B1	Yeah.

988	B2	you know if you're seeing a husband you don't start giving therapy to his wife, you know you, you
989	B1	don't talk about a client you know to their mother
990	B5	Mmm.
991	B1	all of those things that wouldn't, my experience would make no difference to that.
992	B2	No but I think those are some of the hard and fast rules that
993	B1	Right.
994	B2	you don't bend.
995	B1	Okay.
996	B2	I don't think it, yeah, well I, yeah.
997	B1	Alright, those are like the things you said, the setting the contract the, setting the rules with a client.
998	B4	I guess we're saying there's like hard rules and soft rules and
999	B2	[Yeah.]
1000	B1	[Within ethics, yeah.]
1001	B4	[how do we learn], learn that, how do we figure it out? Erm, I mean present giving is one of them
1002		that we've said but how, we've kind of, obviously we've just taken it depending on our values then
1003		because we haven't been told those
1004	B1	Mmm.
1005	B2	Yeah.
1006	B4	soft, we haven't been told which ones are soft rules or which ones can be bent in experience, it's
1007		just that we've all figured it out, and maybe there's all differences among us depending on our
1008		values? [I don't know]
1009	B1	[Can I ask what] you think about self disclosure then, 'cause that sounds like that might fall in the
1010		same.
1011	B5	Mmm.
1012	B2	Someone in our group is doing research on that [funnily enough.]
1013	B4	[Mmm]. I think that yeah falls in the same
1014	B1	[Yeah.]
1015	B4	[kind of] thing as a value thing erm, I don't, yeah I guess it depends how you define self diclo-
1016		disclose and what's the situation and
1017	B1	How much of it <Laughs>
1018	B4	Yeah s- it's dependent on a, but
1019	B2	I think my general rule is avoid it, that, and that's a general rule, stay away from it as much as
1020		possible.
1021	B4	See I see it as more of a soft rule in that, err, depending on what, you know self disclosure could be
1022		anything and it could just be, oh I can't think now but, erm, it doesn't mean opening up and saying,
1023		oh well I was suicidal as well like I was
1024		<Laughter>
1025	B4	but you know like just a tiny little thing and relating that to a client might be really helpful in the
1026		moment [so]
1027	B2	[Yeah] well I think I'm
1028	B4	[that's]
1029	B2	[softer] on opin- my opin- my opin- oh I don't think opinion is the right word but like factual details
1030		about me, absolutely not.
1031	B4	Mmm.
1032	B2	But I think, I think some self-disclosure happens sort of without you trying.

1033	B4	Yeah, it's like a natural thing.
1034	B2	Yeah, or how you react to things and, oh I don't know.
1035	B1	If somebody asked you something about yourself how would you, 'cause not disclosing is one thing
1036		but actually
1037	B2	Yeah it de- [well it depends.]
1038	B1	[in response] to a question is more difficult sometimes.
1039	B2	I the one that comes up for me most often is sort of say things like, how was your holiday, when
1040		you, when they know you've been on a break, and I tend to just go with, fine thank you, erm, but
1041		I'm always interested in why they've asked a direct question, so I think you know you can work with
1042		that. A c- a client of mine Googled me two weeks ago and then came in and said good luck with this
1043		talk I was doing
1044		<Laughter>
1045	B2	erm yeah, so it's actually, yeah, we've actually ha- we've had to work on it quite a lot since then, and
1046		then he came back the next week and apologised, 'cause he thought he'd done it deliberately to
1047		frighten me, erm, so yeah we've had a whole thing about that, but it, you know that's the most
1048		explicit for me it's ever been and it was, it was frightening, or shocking anyway.
1049	B5	I was thinking about how it comes into ethics, like are there times we think it would really be
1050		unethical, or I suppose not just in a theoretical way but like in our own experience.
1051	B4	I guess if it took the client away from, if it was done in the wrong way and the client was vulnerable
1052		and took the client away from their kind of, where they were, erm, for example my therapist self
1053		disclosed erm, my personal therapist, and I was kind of in something quite difficult and it took the
1054		experience, it took the moment away from my
1055	B2	[Yeah.]
1056	B4	[experience] and I started just, probably because we're therapists and we, we think like this, maybe
1057		a normal client wouldn't, but then I started worrying about her and thinking, oh what must her
1058		upbringing have been like, and then getting really curious and so it took me away as a
1059	B2	[Yeah.]
1060	B4	[client] completely from my experience and now I always wonder about that thing that she's
1061	B2	[Yeah.]
1062	B4	[disclosed] so, maybe that was unethical I don't know, maybe she should have thought about the
1063		self-disclosure more but it had s- it's had such an impact on how I view her now and the therapy and
1064		stuff so
1065	B5	Mmm.
1066	B4	I think, I think if you do self-disclose
1067	B5	Mmm.
1068	B4	[it has] to be really well thought about.
1069	B2	Do you think that's, yeah, what, unethical is, are t- eth- such a hard [thing to say like]
1070	B4	[But then it's hard to define] and say that was unethical
1071	B2	[Yeah.]
1072	B4	[as well] isn't it but
1073	B5	I think it's when it's that thing of if, like of something suddenly seeming like it's a jerk from one thing
1074		to another, like if someone is never like that and then they
1075	B4	[Mmm.]
1076	B5	[suddenly] self disclose it's like, you just feel a bit kind of like it's not what you expected from them
1077		and, erm, yeah. It feels like something's suddenly shifted I'm just thinking of erm my therapist and

1078		she wouldn't normally sort of disclose anything but the time when she did I sort of, erm, yeah I
1079		didn't really want her to.
1080	B4	It almost feels, like selfishly, a bit like your space
1081	B2	[Yeah.]
1082	B5	[Yeah.]
1083	B4	[and like], I have to listen to all my clients all the rest of the time, like this is my hour in the week to
1084		be selfish and it was a bit like, uhh, you know, now I have to worry about her and, it did
1085	B5	[Mmm.]
1086	B4	[feel] a bit like that so yeah. Whether it's unethical or, yeah, that's a hard, that's a subjective thing I
1087		think but
1088	B2	Yeah and the- and there could've been an instance where hi- or your therapist saying that to you or
1089		to someone else would've been a really helpful
1090	B4	[Would've been that yeah.]
1091	B2	[positive experience], yeah.
1092	B3	I don't know if it's unethical but it can be very stressful sometimes when they disclose things.
1093	B4	Mmm.
1094	B3	I remember a therapist erm always said, went on and on about when he was in India, he had spent,
1095		he had spent twenty years in India, and it was really irritating.
1096	B4	Mmm.
1097	B5	I suppose it then depends how you, I'm just thinking of my example with my therapist, I was then
1098		able to get angry about that and that was really useful therapeutically so
1099	B3	Mmm.
1100	B5	it might be, it might feel like a jolt it might feel untherapeutic, even unethical at a point, but then if
1101		you can between you use it in some way then it can
1102	B3	Mmm.
1103	B5	shift and then it's that whole like
1104	B2	Yeah.
1105	B5	rupture repair thing, I don't know.
1106	B2	So maybe what you're saying is that doing something that pushes the boundaries doesn't have to be
1107		the end.
1108	B5	Yeah.
1109	B2	You can work with it.
1110	B5	Yeah and it can sort of shift you from maybe, well it can just shift you into a new space, do
1111		something a bit different which was qui- yeah which was helpful in my experience.
1112	B4	'Cause a rupture or a boundary break or something can often be the best work
1113	B2	[Mmm.]
1114	B4	[can't it]
1115	B5	[Mmm.]
1116	B4	[I know that sounds], but erm, yeah a lot of the time that, in my work that's produced some of the
1117		most in-depth work, after a rupture, you know from the ma- or something's happened then
1118	B5	[Mmm.]
1119	B4	[they get angry] you see the kind of real them and, so, so yeah I don't necessarily
1120	B5	[Yeah.]
1121	B4	[think] it has to be a, as long as yeah like you say you can use it, erm, but I don't think that's been
1122		explicitly talked about in the training really, using rupture- ruptures or

1123	B2	Yeah not much.
1124	B4	I think that's something I kind of figured out and was discussed in supervision I guess here but it's
1125		not been discussed explicitly in like lectures or anything, and that, and I think that's quite an
1126		important, like boundary ruptures and how can they be worked with in the therapy.
1127	B5	Mmm.
1128	B4	I dunno I think that's.
1129	B2	Maybe a bit where we were talking about transference and countertransference
1130	B4	Mmm.
1131	B2	but not, yeah.
1132	B4	Just so maybe that would've reduced, you know rather than seeing it as rules and unethical, I don't
1133		know, maybe it would've reduced some of the guilt, or these feelings, that actually you're not being
1134		naughty it's, erm ,you're human, mistakes happen and you
1135	B2	[Yeah.]
1136	B4	[can] work with them
1137	B5	Mmm.
1138	B4	which keeps linking back to this kind of concept of being human that, yeah
1139	B2	I think from th- I think what I was trying to say before was the word unethical for me somehow
1140		suggests that you don't have any principles and that you're just doing something willy nilly without
1141		thinking about it at all, and actually, what, what, what like you're describing, or when we're talking
1142		about self-disclosure or all these things
1143	B4	Mmm.
1144	B2	doesn't necessarily mean you're being unethical
1145	B4	[Yeah.]
1146	B2	[in the sense of] unprincipled or unthinking, but just, I don't know, I don't know what the
1147	B4	[Thinking.]
1148	B2	[other word is], yeah.
1149	B5	But some people justify all sorts of things they're still thinking, erm, and they've got a rationale for it
1150		but it's st- I would still
1151	B2	Yeah [that's a good point.]
1152	B5	[consider it] unethical.
1153	B3	Yeah like if us as clients find something irritating and stressful, the person who is vulnerable, very
1154		vulnerable, you know a kind of irrelevant self disclosure might be really erm harmful, so I guess
1155		when ethics come to harm.
1156	B4	Mmm. I guess another thing that comes to my mind about the split between counselling
1157		psychologists and psychotherapists and stuff that you were thinking erm, in my experience I tend to
1158		see psychotherapists that have this kind of ethical or value code or whatever, erm, of being, going
1159		into the client as a blank slate, erm, and maybe we have it as well I don't know but I suppose I see,
1160		and again maybe this is my context that influences me, but needing to know certain risk issue- i-in
1161	B5	[Mmm.]
1162	B4	[formation] and issues and having the assessment, whereas psychotherapists tend to want to go in
1163		with no, erm as a blank slate and take the client as they come and, erm, they're talking about doing
1164		that with kind of severe offenders and things, which I suppose ethically is, I don't know if it's about
1165		counselling psychology or what but, erm wondering if there's a difference there, I don't know,
1166		about, because we're psychologists does that mean we're more trained to look for risk and assess-
1167		do full assessments and stuff I don't know.

1168	MOD	Well what do you think it does mean to be that you are psychologists?
1169	B4	Erm I guess we've been talking about the whole human side of it and the relational side and I guess
1170		it brings in that science-practitioner side of it and, erm, just, yeah like I said for, for that example
1171		they'd be more on the human side without the other side, whereas we've got the other side and
1172		maybe, maybe that's the other side kind of tapping us on the shoulder going
1173	B2	Yeah.
1174	B4	you're being naughty, you have to follow these rules or, erm
1175	B3	Yes.
1176	B4	[you're] a psychologist this is
1177	B2	<Laughs>
1178	B4	you know so it's like
1179	B2	Yeah.
1180	B4	a tension between the two.
1181	B2	Yeah can you straddle them both
1182	B4	sides yeah
1183	MOD	Can you straddle?
1184	B2	Them both, the both sides, the scientist side and the humanist side sss.
1185	MOD	What do you think about that?
1186	B2	Ohh, that's, that's what my research is about, so give me thirty five thousand words and I'll get back
1187		to you.
1188	B4	<Laughs>
1189	B2	I don't know, I think, I think you can, I think you have to, I think if you're realistic, but hhh
1190	B5	And also to me someti- oh sorry
1191	B4	No no, keep going.
1192	B5	You're not supposed to interrupt, that was a rule.
1193		<Laughter>
1194	B5	Erm.
1195	B4	Anyway, humanistic
1196		<Laughter>
1197	B5	Erm, what was I going to say, scientist side humanist side
1198	B2	Why can't, yeah why can't you be a humanist scientist?
1199	B5	Yeah sometimes it's almost less human to not, erm, take on the reality of someone's situation
1200		whether that's like a prison situation of risk, or someone with a very severe diagnosis, you know not
1201		taking into account their actual, what's actually going on for them and you're sort of almost trying to
1202		say well it's more ethical or more human just to relate to them as though none of that stuff was
1203		there, and to me that's kind of, well actually you're missing big things
1204	B2	Yeah.
1205	B5	that are
1206	B2	And you're
1207	B5	[important]
1208	B2	[ignoring their context] as well.
1209	B5	Yeah you're ignoring the context, you're ignoring the risk, or the diagnosis that, whatever you think
1210		about diagnosis that might be important to
1211	B4	Mmm.
1212	B5	to work with it in some way so I don't see them as kind of really necessarily split.

1213	B2	Yeah. Maybe that's the fundamental bridge you can't cross is that you can't decide wha- what's
1214		right for that person until you've met them, but you have to have some things in place before
1215		you've met them. So you can't win, so you're thinking
1216	B4	Yeah like they have to have the hard rules in place, before you meet them, like we were saying there
1217		are some rules we can decide as we go along.
1218	B2	Yeah, but the hard rules might be better, different for different people.
1219	B4	Yeah.
1220	MOD	Sorry were you going to say something then?
1221	B3	No I was going to say if she can say that again because I kind of lost it <Laughs>
1222	B2	<Laughs> I th- I- well if you believe in taking someone as they, are as they appear to you in the room
1223		and not knowing stuff about them
1224	B3	[Mmm hmm]
1225	B2	[beforehand], might be good for some people and other people might find that it ignores certain
1226		parts of them they consider really important, but you can't know that until you've met them.
1227	B3	Yeah <Laughs>
1228	B2	So it's a paradox.
1229	MOD	But y- you feel that the kind of erm, the kind of scientist-practitioner thing fits quite well for you, I
1230		think were you saying.
1231	B5	I don't know if I was going, I mean I think there's definite- there, there are tensions in certain areas
1232		of that for me but I think the bit about, erm, kind of bringing in knowledge or understanding about
1233		certain things like risk or, let's say someone has bipolar disorder and u- and understanding what that
1234		might mean, that to me seems a really important part of being human and ethical and all that, so I
1235		don't get the argument that to sort of treat someone according to that is kind of non-human or
1236		unethical and all that kind of stuff, 'cause I think well, I always think that, you know if, if it was my
1237		child I would want them to see someone who had an understanding of what that issue was, that's
1238		kind of sometimes a benchmark that I'll use to sort of think well what would I, how would I want to
1239		be treated, or how would I want my child to be treated?
1240	MOD	Okay, well, erm, just finally then I'll just repeat the question and if you've got any closing comments
1241		on it then that would be good, or if not then that's also fine, so, how do you think your training and
1242		practice experiences have shaped your views on values and ethics?
1243	B5	What was that again sorry how's your?
1244	MOD	How do you think your training and practice experiences have shaped your views on values and
1245		ethics?
1246	B2	I would say that if nothing else they make me think about it. Like I'm not saying they say what I
1247		should think but they have prompted the thought.
1248	B1	I think that they've set a framework () and then you apply those in your practice as you
1249		get more experienced, 'cause for me it's in practice where I've worked these things out, but that's
1250		'cause it's quite hard isn't it to follow rules without having something to apply them to?
1251	B2	Yeah.
1252	B1	You know just in the abstract.
1253	B2	Yeah, I absolutely agree.
1254	B4	Yeah and also just about the context again as well, erm, how it changes and how, erm, err in our
1255		training maybe that's not made so clear I don't know, maybe they are seen as fixed rules and maybe
1256		a lot of us have, we're, yeah. I'm getting tired
1257	B2	<Laughs>

1258	B4	but erm yeah, just that they change.
1259	B3	I think a kind of diversity helps me to, to think about it. A diversity of opinions and models.
1260	B5	And maybe there are times when erm maybe a comment's been made or an idea's been put across
1261		and that's really kind of just, kind of rocked what I've thought about something and that's kind of
1262		made me reflect more, erm, not (usually) going to say, well this is what I do now, but kind of think
1263		about it more and then see what I think when I'm working with clients.
1264	MOD	Okay, thank you.

Appendix C – Transcript C

1	MOD	What do the terms values and ethics mean to you in relation to counselling psychology?
2	C1	It's a big question.
3	C2	If we start with one or the other, ethics seems easier.
4	C3	Mmm. I guess I think it means that it gives us a erm, a structure to work in I guess, in terms of how
5		we work with others and the responsibility that we have in working with other people
6	C1	Mmm.
7	C3	erm, yeah it kind of creates, it kind of keeps us quite confined in the way which we work, in the field
8		and, and I guess the responsibility that that we have, yeah.
9	C1	So guidelines, boundaries.
10	C3	Mmhmm.
11	C1	It's interesting 'cause we recently had a class around this with
12	C2	Mmm.
13	C1	our lecturer.
14	C2	And it still feels like a blank to me actually even after the class.
15	C1	Mmm.
16	C2	So ethics are a set of, I think internal guidelines that, that guide how you work erm in a safe way
17		with the people that you're working with.
18	C3	Mmmhmm.
19	C5	That's interesting, as you're talking I'm thinking to myself, is there a difference between values and
20		ethics?
21	C2	Well values, I think, should drive ethical behaviour, but then it becomes a bit circular doesn't it?
22	C5	[Mmm.]
23	C3	[Mmm,] but I wonder if the, if ethics, we're obliged to be ethical
24	C2	Mmm.
25	C3	yet the values are maybe more kind of optional in terms of how, how we kind of integrate our
26		beliefs and our own values. With ethics they kind of seem quite rigid to me.
27	C5	Mmm, interesting, but wouldn't, well say, I don't know, say your value is to be ethical, I don't know
28		it's hard to see the distinction
29	C3	Mmmhmm.
30	C5	[for me anyway]
31	C4	[For me I think it], sorry
32	C5	Go on.
33	C4	yeah, I think for me it reflects, just thinking about the word ethics and values, erm, it reflects I
34		suppose the seriousness and the level of responsibility as a trainee counselling psychologist, erm
35		that I have in this field, erm I'm also thinking how my values may have, I suppose shaped as a result
36		of this training course, erm, and in the way that I relate to the ethical aspects of my training.
37	C2	Do you think values come from the course?
38	C4	Erm, I think they can shape it in a certain exte- I think maybe sha- yeah it makes you think reflect
39	C2	Mmm.
40	C4	erm but I think that you have your fundamental values but, erm I think this course may give you a
41		different kind of perspective on, on things and maybe stimulates, yeah the, the
42	C5	[Mmm.]

43	C1	[See I would] say that I probably became interested in the course partly kind of linked to my values
44		but
45	C3	Mmm.
46	C2	Mmm.
47	C4	Mmm, [(in a sense)]
48	C1	[my], but the kind of ethics, hhh I dunno they might have kind of helped guide me along the way as
49		well.
50	C2	Yeah I think I, I, that's why I was asking 'cause I think I would agree that values, my values probably
51		haven't changed that much through the course, values that I have, yeah, but ethical responsibilities
52		have been definitely shaped and shifted by the course.
53	C4	I guess yeah definitely that, I'm not saying that my values have changed or I was different, I had
54		different values, but I think it made me think a lot
55	C2	[Mmm.]
56	C4	[on]a deeper level about my fundamental values
57	C2	Mmm.
58	C4	and also yeah the ethics of my work, because yes we all have values and ethics but being in this field
59		I think it really, I suppose yeah sha- reflects the kind of real I suppose seriousness of what you're
60		doing
61	C3	Mmmhmm.
62	C4	and the responsibility that you have as a professional.
63	C3	Mmm, and I wonder if part of that is how our values fits with the profession
64	C4	Mmm.
65	C3	as well
66	C4	Yeah.
67	C3	if, 'cause yeah I think for me that creates some discomfort really, that there are times when my
68		values don't fit with the profession
69	C4	Mmmhmm.
70	C3	that I work in
71	C4	Mmm.
72	C2	Mmm.
73	C3	they don't fit with my ideal way of being I guess, but my values did kind of drive me towards this
74	C4	[Yeah.]
75	C3	[career] but now that I'm in it, there are some times I find it uncomfortable, that's quite vague
76		without giving a specific but I guess I can't really think of a specific right now
77	C4	Mmm.
78	C3	but I know that there are parts of the field that we work in that I find are uncomfortable with, to, in,
79		in regards to, yeah, kind of if I need to, kind of mould my values to fit working practically
80	C4	Mmmhmm.
81	C3	as a psychologist
82	C4	Mmm.
83	C3	I guess a specific of that would be, in terms of work, in terms of work, in terms of the demands
84		placed on us, where I think I would prefer to work in quite, in a certain way to be ethical, to be
85		therapeutic, and with my own values kind of mixed in there too, but perhaps the demands placed
86		on me by my manager, perhaps shifts me away from my own values sometimes and that's
87		uncomfortable

88	C4	Mmmhmm, mmmhmm.
89	C3	and as a trainee for me it's quite difficult to perhaps dictate the terms
90	C4	Mmm.
91	C3	so yeah. So what do you think are the main differences between ethics and values?
92	C2	I was just thinking that actually as you were saying that, well (are there) the difference? 'Cause to
93		me I think, I feel confident in my values and, so values is something internal. It's an internal
94		motivational set of beliefs for me that drives
95	C3	Mmmhmm.
96	C2	my behaviour, so I guess it allows me to rationalise my behaviour. So if I were to differentiate values
97		and ethics, erm, if that's values then what is ethical ethic- ethics are a, a kind of external set of
98		beliefs, rules, etc. that's supposed to guide your behaviour
99	C3	Mmmhmm.
100	C2	so I guess the main conflict I have is the external versus what I think I'm doing <Laughs> and
101		whether that's okay, erm, and as you were talking I was thinking of an, of an example when I called
102		a client, I withheld my, my own number from the mobile but I was, I had to take time off work
103		unexpectedly, erm the receptionist told me, you need to cancel your own client list, so I withheld my
104		own mobile number and I called everybody, which is a complete breach of the ethical agreement set
105		up with my supervisor but to me the value of letting the client know that I wasn't gonna be there
106		was much more important
107	MOD	Mmm.
108	C2	so I find that it's, it's a conflict at times between, yeah between what I see as, as quite, I don't know,
109		it's not as simple as internal external because you think, you know your values are tied up with your
110		own ethics, your values, as I said at the start, do drive your, or should drive your ethical behaviour
111		but, the way I've experienced ethical guidelines as a trainee is, is much the way it was delivered in
112		our lecture of a vague set of rules, it doesn't really make much sense to me.
113	C3	Mmmhmm. Can I ask about that phone call that you made, how that kind of broke the ethical
114		agreement that you had?
115	C2	That
116	C3	Was it 'cause of the model that you work or?
117	C2	Well it's the service that I work in so what my supervisor said to me, I was, I couldn't get hold of my
118		supervisor because she was in her own sessions and the receptionist gave me an instruction which I
119		followed, my supervisor was saying that that's not what you should do, under any circumstances, if
120		you are not at work, if you're not well enough to see the client, you shouldn't even be engaging in a
121		phone conversation, and what she said was luckily you hit the answer-phone, what if you'd
122		managed to get hold of the patient? What if the discussion had got drawn out into a, a long kind of
123		conversation, semi-therapeutic session over the phone, and, and I heard where she was coming
124		from, and I accepted her reasoning actually, but if I reflected back on it, would I still have contacted
125		the client rather than knowing that they would probably rock up and be annoyed and be sent back?
126	C3	Mmmhmm.
127	C2	That's where I think values and ethics can sometimes conflict. I would have liked to have think that I
128		would've been boundaried enough to make it a very short conversation
129	C3	And, [and]
130	C2	[but] the rules say that I shouldn't really, if I'm not at work I shouldn't contact them
131	C5	So who, who would contact them (if you're not to tell)? They won't get contacted?
132	C2	Well it would, should and would have been done by admin but, it's almost like saying right that's not

133		my responsibility that's theirs
134	C3	Mmm.
135	C5	Mmm.
136	C2	and that to me is not a value that I hold, I can't, does that make sense?
137	C5	[Mmm.]
138	C3	[Mmmhmm], but I, I guess I'm struggling to see how that fits in with ethics, I guess, I can see how
139		that would fit in with a preferred way of working
140	C2	Mmm.
141	C3	I can how that would fit in with perhaps working in a certain model
142	C2	Mmm.
143	C3	but I just wonder if, say if, if you were working in a private practice
144	C2	Mmm.
145	C3	and if you didn't have a receptionist or
146	C2	[Mmm.]
147	C3	[someone] else to make those
148	C2	[Mmm.]
149	C3	[calls for] you, if you couldn't make it in to work
150	C2	Mmm.
151	C3	if you couldn't meet an appointment it would be up to you to
152	C2	[Yeah.]
153	C3	[contact the] client and I think regarding ethics maybe
154	C2	But is that, I guess that, it's just an example, it's not the best example, it was an example
155	C3	[Okay.]
156	C2	[to throw up] what would happen if you were in private practice.
157	C3	Mmm.
158	C2	[If you're not well]
159	C3	[Because the ethics change?] Sorry.
160	C2	Yeah.
161	C5	'Cause I was just thinking that is there different sets of ethics then
162	C2	[Yeah.]
163	C3	[Mmm.]
164	C5	depending on the context
165	C3	[Mmmhmm]
166	C5	[or is there just] one broad ethics for everything, or depending where you work
167	C2	[Mmm.]
168	C5	[and do] they set up their own ethical guidelines?
169	C3	Yeah, because I do see ethics as quite rigid
170	C2	Mmm.
171	C3	and ethics as being kind of quite trans- transferable, and perhaps I could be shot down in flames
172		here, but I kind of see ethics as being transferable between work settings.
173	C5	[Mmm.]
174	C3	[Yeah], but another thing that kind of came to mind when you were speaking is, are there times
175		when our values supersede ethics? Are there times when, or vice versa
176	C2	[Mmm.]
177	C3	[Maybe], are there times when one needs to come before the other, if there's a conflict does one

178		come before the other?
179	C2	Mmm. That's where I think the, the definition's really important and I still don't know if I can
180		separate them out enough to, to know that.
181	C3	Mmmhmm.
182	C2	Erm, depends if you have unethical values I suppose <Laughs>.
183	MOD	So you're not sure how distinctly different these two things are then
184	C2	[Yeah.]
185	MOD	[or where] they meet
186	C4	[No]
187	C5	[That's what I said.]
188	MOD	[or where they overlap.]
189	C5	Mmm.
190	C2	I guess it was a summary that erm we talked about in the lecture, when we did the lecture on ethics,
191		that to me it's ethical if I feel that it's in the interests, if I can rationalise it without waffling, so if I
192		can justify and provide a sound rationale for why I have done something, then I think I've acted
193		ethically
194	C3	Mmmhmmm.
195	C2	and I would hope that those, whatever I did is guided by my values, personal and professional
196		values.
197	C4	Mmm.
198	C2	Yeah where one stops and the other begins I don't know.
199	C4	[I think for me erm]
200	C5	[That's a], go on.
201	C4	sorry, I think for me, erm, my values would have to, I suppose I, if I would act upon something that I
202		would think is hhh, erm, unethical for example, if, if that is not, if that's incongruent with my values
203		then I wouldn't feel comfortable with, with doing that, so if my values say no then I wouldn't do
204		something because it would be, someone's telling me that that
205	C1	[Mmm.]
206	C4	[is] ethical to do that is not congruent with what I fundamentally believe.
207	C1	Mmm.
208	C4	So that would make me very uncomfortable, so.
209	C1	But I guess sometimes our values, I can't think of an example now, but sometimes our values do go
210		against ethics, especially because like you say they are rig- quite rigid at times, and then, we have to
211		think about are we acting as a person or are we acting as an ethical practitioner
212	C3	[Mmmhmm.]
213	C1	[I don't know] I'm kind of just thinking, and which do we, what do we go with and
214	C3	Mmm.
215	C1	what's correct, what would be to co- correct to go with, 'cause obviously there's what we feel is
216		right
217	C4	Mmm.
218	C1	but is that necessarily right
219	C3	Mmmhmm.
220	C1	just because it feels right.
221	C3	There are times, or there have been times, when I've felt as though in being ethical I haven't been
222		human as such, or I haven't, you know I've, I've, it's taken away so much of who I am because

223		professionally I need to treat this person in a certain way, and I think that that at times makes, well
224		has done in the past, has made me kind of resentful towards the profession and made me
225	C4	[Mmm.]
226	C3	[resentful] towards the work actually.
227	C4	And I guess, sorry to
228	C3	Mmm.
229	C4	erm and I guess that brings me to think, you know how in our profession we do tell our own clients
230		that if you know they talk about harming themselves or suicide, then we have to act upon that and,
231		and take it further
232	C1	Mmm.
233	C4	err but what if, if you know my fundamental values thinks otherwise,
234	C3	[Mmmhmm.]
235	C4	[thinks that], what if someone do really want to, what if someone really, I guess maybe they have
236		the right to, to end their lives
237	C3	Mmmhmm.
238	C4	but my professional erm duty and responsibility is, I can't do that, and that's I think something that
239		is, I suppose
240	C3	Yeah.
241	C4	very incongruent
242	C3	Mmm.
243	C4	but something that I have to do [and act upon.]
244	C3	[Mmm, exactly]. I guess 'cause if you weren't to act upon it
245	C4	Then that's unethical.
246	C3	and that would place you
247	C4	Yeah.
248	C3	at risk
249	C4	Yes.
250	C3	and I guess if we don't work in a eth- ethical way
251	C4	Yeah.
252	C3	it places us as a practitioner at risk.
253	C4	That's the constant thing that I battle with when I think about that, that what if someone really, of
254		course there are times when maybe someone, when they come out of that state they realise that
255		they, that's not what they wanted to do but
256	C3	Mmm.
257	C4	what if someone really genuinely want, does [not want to live]
258	C3	[Mmmhmm]
259	C1	Mmm.
260	C4	and what makes me think that I can
261	C3	Mmm.
262	C4	[(and I don't think)]
263	MOD	[So there's a battle] between personal and professional.
264	C4	Yes, you got it, yeah, yeah.
265	C3	Yeah 'cause I, I guess if we work in an unethical way it places us as professionals at risk. If we work in
266		a way where we're not congruent with our values it places the self at risk as such, and to be honest
267		I'm not really sure which one erm I'd prefer to maintain.

268	C2	Yeah.
269	C3	If I'd prefer to maintain the self, if I'd
270	C2	[Mmm.]
271	C3	[prefer] to maintain the profession. I, I kind of think fuck the profession at times to be honest.
272	C2	Mmm, I agree with you which is why I get into troubles of ethical natures
273	C3	[Mmm.]
274	C2	[quite], quite regularly because it, I feel it comes back to the fact that we have to be, I have to be
275		able to justify why I've done something, and this set of rules seems external to me because if what
276		we're saying is that it makes you feel erm dehumanised or not acting in a human way then that to
277		me is completely at odds with the values of the profession
278	C3	Mmmhmm.
279	C2	so the values come first for me.
280	C1	And I guess if we're not, if we're not kind of being true to our values as a
281	C2	[Yeah.]
282	C1	[person] then how can we really be true to ourselves as a professional? How can we even
283	C2	[Yeah.]
284	C1	[be] a professional without that?
285	C2	And how can we be ethical then?
286	C1	Mmm.
287	C2	That If we're kind of donning a role, or carrying out a, a task, or performing a therapy, you know
288		with a capital P, we're just performing it not, yeah.
289	MOD	How do you think your training experiences have shaped your views on values and ethics?
290	C2	Oh God.
291	C3	Mmm.
292	C2	<Laughs>
293	C3	For me I think regarding the training and regarding our training being ethical, especially you know
294		one particular lecturer kind of comes to mind, is if you don't you'll be in trouble
295	C4	<Laughs>
296	C2	It's a bit [scaremongering, like, yeah]
297	C4	[Yeah.]
298	C3	[and, yeah, it really is, it's a case of you have] to work in a ethical way, you need to be able to defend
299		yourself and, which is right but at the same time it's a case of, well you do it or else
300	C5	Mmm.
301	C3	[Yeah.]
302	C2	[But yet] we don't know what it is, and that's my dilemma that we're, when we're looking through
303		the handbook, the ethical guidelines, it's so vague. So, for me the training just, has kind of, scared
304		the hell out of me in terms of, you know, the guidelines are vague, we know that if we breach
305		guidelines we're in deep shit,
306	C3	[Mmmhmm.]
307	C2	[That's the kind] of message we get, however it's so vague that anything you could do seems to be
308		potential to get you into,
309	C3	Mmmhmm.
310	C2	[into deep shit]
311	C4	[deep shit]
312	C5	[But I feel it's], I feel it's very, it's a vague subject

313	C2	It's, mmm.
314	C5	because like I said, you could say, I did this in the best interests
315	C2	[Yeah.]
316	C5	[and these] are my reasons why
317	C2	Yeah.
318	C5	but someone else could say, well no that's unethical
319	C2	[Yeah.]
320	C5	[practice], but you did it from the belief, this was ethical, this was right for my client in these
321	C2	[Mmm.]
322	C5	[circumstances], and you could still defend it but someone else could turn around and say, no
323	C2	Yeah.
324	C5	and so we have two different [interpretations]
325	C2	[interpretations]
326	C5	of the same thing.
327	C2	Exactly.
328	C5	It's totally subjective.
329	C2	Mmm. Like I said it jokingly in class, they said erm, can we accept food from our clients? And she
330		didn't give a yes or a no actually, but it's that kind of thing, is it a gift if someone bakes a cake and
331		brings it in for you at the end of twenty sessions? Is that an ethical breach? Well, I know the answer,
332		technically yes.
333	C4	Is it?
334	C2	Well you
335	C3	[Mmm.]
336	C2	[shouldn't] accept things [from]
337	C4	[I s-] I mean, I mean,
338	C2	[Clients <Laughs>]
339	C4	[maybe not accept, if they give you] one hundred pound gift then that's not, you know you probably
340		should say no but if they maybe bring in a little candle with a card
341	C2	But that comes
342	C5	[it's]
343	C2	[back to your] value
344	C5	[-ues, yeah.]
345	C2	[doesn't it, of how] you interpret it and I
346	C2	[I'm not disagreeing with you I completely agree with you in fact.]
347	C4	[Yeah, yeah, yeah, yeah, but I'm, yeah], I suppose in terms of the ethic you know being in deep shit
348		maybe one <Laughs>
349	C2	[<Laughs>]
350	C4	[wouldn't be in deep shit if you], I suppose, or you know not having, erm I guess there are certain
351		things that are quite clearly highlighted
352	C2	[Mmm.]
353	C4	[in terms of] not having a romantic relationship with your client, that's, you know obviously if you do
354		that then,
355	C2	[Mmm.]
356	C4	[then you're] not in a good place, erm
357	C2	and just

358	C4	but then again that
359	C2	[Mmm.]
360	C4	[goes back] to your values as
361	C2	[Mmm.]
362	C4	[as well and], erm
363	C5	There's so many, like you said
364	C2	[Little things]
365	C5	[subject-], so many shades
366	C4	[Mmmhmm.]
367	C2	[Yeah.]
368	C5	of greys and stuff, and it's hard to see, 'cause I remember one client, she gave me a card but she had
369		a, a gift voucher with ten pounds in, and my line-manager said, no you have to give it back
370	C2	Yeah.
371	C5	and I felt
372	C4	Really?
373	C5	I had to send it back to her. I said
374	C2	[Yeah.]
375	C5	[sorry I can't] accept this and that, like my reasons why
376	C2	Yeah.
377	C5	but I felt, I felt like I was rejecting her
378	C2	Yeah.
379	C5	but then I heard of someone else and they were like, oh yeah they don't care and then, their clients
380		have taken them out to dinner which I'm just like
381	C3	<Laughs>
382	C5	Woooooo!
383		<laughter>
384	C5	[Okay then]
385	C1	[Yeah, that's true.]
386	C4	[That's extreme.]
387	C5	[that's just seems], to me that just seems a little bit O.T.T.
388	C3	But, but perhaps, to throw through a kind of third thing in to the mix of ethics and, in, and our own
389		beliefs, perhaps regarding like gifts, for example, maybe it's about being therapeutic, and thinking,
390		okay well I've received a gift, perhaps they've kind of dropped a gift off the day
391	C5	[Mmmhmm.]
392	C3	[after] the ending of the session, which I've had before, a card and wine, and I've decided to keep
393		the wine, to keep the card, but not contact the client
394	C5	[Mmmhmm.]
395	C2	[not to contact] the client to say thanks
396	C4	Mmm.
397	C3	or contact the client to say, I can't accept this, but to not contact the client at all 'cause we've ended
398	C5	Mmm.
399	C3	and for me that's being therapeutic, that may cross the line regarding ethics and I'm not particularly
400		sure if it does or not to be honest, I don't really think it does but perhaps
401	C5	[Mmm.]
402	C3	[it does], but I think therapeutically I did the right thing, I considered what that gift meant, I also

403		considered that we had ended therapy and for us to not have any contact. So I think that there's a
404		balance actually between being ethical, being therapeutic,
405	C2	[Mmm.]
406	C3	[and our] own values.
407	C5	Mmm, see for me like I said I felt like I was rejecting her, 'cause she considered and gave this gift
408	C3	[Mmm.]
409	C5	[and then] the organisation say, no, I have
410	C2	[Mmm.]
411	C5	[to] give it back to her.
412	C3	Do you think it would've been the same if it was a actual
413	C2	[An item, yeah]
414	C3	[object, yeah] an item that she gave, like flowers, that cost ten pound to buy
415	C5	See, yes I could see
416	C3	do think that would've been the same?
417	C5	No I don't think, I don't know, [it's hard to say]
418	C3	[Do you think you would've been] asked to give back flowers like you were the [voucher?]
419	C5	[Voucher], probably not 'cause I've had a client give me a plant before
420	C3	Mmmhmm.
421	C5	and I kept that, I've had chocolate before and I kept that.
422	C1	I was told as long as you interpret it it's okay.
423		<Laughter>
424	C4	But the voucher sounds a bit, they gave you a voucher?
425	C5	Yeah.
426	C4	That's interesting.
427	C5	So, but I know someone else
428	C2	[But that, that is]
429	C5	[their client gave them cufflinks]
430	C4	[That's so interesting]
431	C2	But I find it interesting that we, we do place a value on what the gift is even, that's where our values
432		come in.
433	C5	Mmm.
434	C2	Agai- I'm not disagreeing with anything I
435	C5	Yeah
436	C2	[but like]
437	C5	[like you said] though [if it'd been ten pound bunch of flowers]
438	C2	[if it was ten pounds of flowers] it's very different to giving someone ten pounds, as in ten pounds
439		cash, ten pounds vouchers, it's almost like, .hhh money oh my god no
440	C4	But what, [yeah]
441	C2	[but we] can accept stuff.
442	C4	Yeah, no I, I, I see what you're saying but then I'm also thinking giving a voucher is almost, you know
443		if you, if you give someone a flower or a candle or something, you could probably make an
444		interpretation of that and, and look at what it stands for, what its symbol is but a gift voucher is, is
445		interesting, because it's not really, it's offering you something but
446	C2	Mmm.
447	C4	I don't know it's quite a

448	C5	[I don't understand what you mean when you said you can interpret it.]
449	C2	[That's why we think there's a grey area.]
450	C4	Yeah, no I see what you're saying.
451	MOD	It sounded like what you were saying was that values comes in there because you then have to
452		decide
453	C2	[what's]
454	MOD	[what] value something holds for you
455	C2	[Yeah.]
456	MOD	[or what] the values of that are.
457	C2	Yeah, and so it's as you said you do interpret, but
458	C4	[Mmm.]
459	C2	[you] interpret it
460	C4	[Mmm.]
461	C2	[subjectively], you
462	C4	[Mmm.]
463	C2	yourself, interpret that ten pound's not okay, or cake is, or this isn't
464	C4	Mmm.
465	C2	and that's where we think it, it's a grey area ethics, I, I worked in a place for five years which was a
466		community based charity, which was heavily psychotherapeutic, we were not allowed to retain
467		anything
468	C4	Mmm.
469	C2	so, and you just, the director had such a blanket statement of, he would actually say to, to families
470		we were working with long-term, cause we'd work for them up to three months, and he would like
471		make us say in the last few weeks that, tell your families if they're thinking about giving you a gift
472		that you're not allowed to accept it, and I found that really like, oh god, but yeah
473	C3	Mmhmm.
474	C2	and so then what families would do, this was interesting cause it was a home based therapy, what's
475		somebody going to do after three months of going into their home if you can't give them a gift?
476	C1	Cook for you.
477	C2	They're gonna cook for you
478		<Laughter>
479	C2	and to me that was, that was even more of a kind of, [.hhh oh my god]
480	C3	[Well it's very personal isn't it]
481	C2	Yeah.
482	C3	to cook, but I just [want to]
483	C2	[I'd rather have the plant]
484		[<Laughter>]
485	C2	[I was thinking, you know], than be, [sit here and be cooked for and]
486	C5	[Have a box of chocolates or something]
487	C3	And have to eat.
488	C2	Yeah, but <Laughs>
489	C3	But at the same time, I think even to tell a client, or a client's family, if you are thinking of giving me
490		a gift
491	C2	Don't bother.
492	C3	don't but they, they might think, shit I wasn't thinking of it

493		[<Laughter>]
494	C2	[I wasn't thinking it, now what do I do?]
495	C3	[maybe I should think about it.]
496	C2	Yeah.
497	C1	Yeah.
498	C3	You know and, I, I think, if that's a, a interpretation of being ethical, I would question that
499	C2	Mmm.
500	C3	I would question it, I'd question the gift as well, about returning the gift
501	C2	[Yeah.]
502	C3	[I would] question all of this, so maybe what I said at the beginning that ethics are rigid, perhaps
503		they aren't so rigid
504	C2	<Laughs>
505	C3	as what I thought they were.
506	C2	Mmm.
507	C3	But yeah, I, I guess my values and how I
508	C4	Mmmhmm.
509	C3	erm value being a psychologist, questions those
510	C2	[Mmm.]
511	C5	[Mmm.]
512	C3	[ethics], and perhaps it is important that we question
513	C2	Mmm.
514	C3	that we bring our values into our profession
515	C4	[Mmm.]
516	C3	[and our] identity as a professional, to question these ethics rather than just accept them.
517	MOD	Is there something in setting and context that you were just talking about then?
518	C2	Oh definitely, erm, like I said 5 years I did home-based therapy, home-based family therapy, which
519		was an ethical minefield actually. You're in people's homes, you're, you've got multiple clients,
520		you're working, all the family dynamics come into it, boundaries get blurred, you're there when
521		things outside of the therapeutic setting are coming in, other people, so, err some families I worked
522		with wouldn't let neighbours or people know that I was a therapist. It's really tricky, what they hell
523		do you do when somebody unexpected knocks on the door and I'm sitting in the lounge with mum
524		or dad or whoever, ethical minefield, and that's why I left that job thinking that I can't be dictated
525		by a set of twenty rules, it's just, you can't, I think you have to develop your own values and have
526		some confidence in what you're doing, is ethical or not ethical and where you're starting to slip into
527		a grey area, erm because you can't account for every possible scenario.
528	MOD	And whose rules were they?
529	C2	In that context? That I was working in?
530	MOD	You said I, I left because I couldn't abide by a set of twenty rules and
531	C2	No I was saying in that context it would be difficult to ascribe to a set of rules that were kind of
532		predetermined on gifts or
533	MOD	Right.
534	C2	Out of hours phone-calls
535	MOD	So they were
536	C2	'cause we had an on-call phone
537	MOD	determined by the context.

538	C2	completely determined by the context, by the family we were working with at the time, and it made
539		me realise, I was very anxious at the start, thinking, I need to know what I can do and I can't do
540		ethically, and what I realised was that you just kind of have to figure it out as you go along 'cause
541		there can't be a rule book, each scenario is different
542	C5	Which is probably why the guidelines are so vague
543	C1	Mmm, [and each]
544	C5	['cause you] can't cover everything.
545	C2	You can't, it's just, I don't think it's possible to have an, set of ethical guidelines to cover everything.
546	C1	And each supervisor's different as well,
547	C2	Each supervisor's [different, yeah.]
548	C1	[you, they tell] you completely different things
549	C2	Yeah.
550	C5	<Laughs>
551	C2	<Laughs>
552	C1	so in some ways we do need to bring in our own values
553	C2	Mmm.
554	C1	or our own ideas about ethics, whatever we want to call it, because, yeah it can get very confusing. I
555		think it's gonna get more confusing the more
556	C2	Mmm.
557	C1	independent we become
558	C3	Mmm.
559	C1	after this course. It's funny cause you were talking about erm someone leavi- after finishing therapy
560		them leaving you, erm, a gift, after finishing therapy someone left me erm a, a month later, cause
561		we ha- we used work phones, she text me a message saying that she'd been in quite a serious
562		accident, everything was going really bad for her, almost quite, like a
563	C4	[Oh gosh.]
564	C1	[fatal accident]
565	C2	[Mmm.]
566	C1	[she was fine] but it was the, erm, trauma of it I guess, and she just text me this message, and I told
567		my supervisor and he said, you
568	C2	[can't respond]
569	C1	[can't send anything back], you can't
570	C2	[Mmm.]
571	C1	[respond] at all, and I guess, I understand his reasons, personally I found them quite harsh
572	C2	Mmm.
573	C3	Mmm.
574	C1	but then when you think about, imagine if that person committed suicide or something
575	C2	Mmm.
576	C1	huh, why didn't I reply to the text? You know, imagine, I don't mean personally but
577	C2	Mmm.
578	C1	that might be your question
579	C2	Mmm.
580	C1	maybe they were s- that was a cry for help or
581	C2	[Mmm.]
582	C5	[Mmm.]

583	C1	[I don't know], so, I don't think we'll ever have the answers, like that twenty
584	C2	Mmm.
585	C5	Mmm.
586	C2	I just don't think it can be done.
587	MOD	But it sounds like your training, to go back to something you said, was, the message was, you have
588		to follow this, follow some rules or else, sort of
589	C5	Mmm.
590	C3	[Yeah as such]
591	MOD	[As if, there was a], there was a warning in there somehow.
592	C3	Mmm, well
593	C2	<Laughs>
594	C3	I, I took it
595	MOD	Okay.
596	C2	Yeah, [there are serious consequences]
597	C3	[as a warning,]
598	C5	[yeah, fitness to practice innit?]
599	C3	[that they've got this practice disciplinary], err procedures or board, the HPC and
600	MOD	Right.
601	C3	that sh- heh, she's involved in that and she
602		<Laughter>
603	C3	she had a case this week and it went like this and she had a case the other week and
604		<Laughter>
605	C3	you know so
606		<Laughter>
607	C2	[Beware of the message.]
608	C3	[it was, yeah]
609	MOD	[Right.]
610	C3	[and it's a case of], shit it's been three years of fairly intense study, expensive study and it could all
611		go because I make a ethical mistake
612	C5	Mmm.
613	C3	and I think that's a scary cloud to work under
614	C5	Mmm.
615	C3	I think it
616	C4	Mmm.
617	C3	I, I think it's so important that we are ethical, I think it protects us, it protects the client, it protects
618		the profession and whatever service we work in, I think it's so important to be ethical, but at what
619		cost do we need to work ethically?
620	C5	Mmm.
621	C3	And I think that there, there's a cost to it sometimes
622	C2	Mmm.
623	C3	and it depends if that cost is worth it.
624	MOD	Were there any other ways that your training dealt with these two terms or notions, values and
625		ethics?
626	C3	I don't recall much about values
627	C2	No.

628	C3	I don't know if other people
629	C4	About what sorry?
630	C2	[Values.]
631	C3	[Values.]
632	C4	Mmm.
633	C2	And that annoys me a hell of a lot because I think my value base probably developed on my masters
634		which was like, feels like a million years ago now, and given the nature of the subject we're studying,
635		no I agree nothing
636	C3	[Mmm.]
637	C2	[nothing] on internal values, nothing on how to develop an internal supervisor, nothing on how to
638		use your own moral compass
639	C3	Mmm.
640	C4	I guess that's what I was trying to get at at the beginning when I was saying how values, the kind of
641		values that maybe you, yes your personal values but also the professional
642	C2	Mmm.
643	C4	aspects of it as well and how it makes you kind of reflect on your personal values but also on, on the
644		things that you pick up on the course as a psychologist.
645	MOD	Do you mean the values of the course, is that, is that what you mean?
646	C4	Erm yes. I think, the values of the course, I don't know how to phrase myself but erm, the, the things
647		that you, I suppose learn and, and practice and how that I suppose stimulates your, the, the
648		fundamental values that you have and how you can, I suppose in some ways I wonder whether it
649		makes you become more in touch with, with your values? I don't know. I guess that was what I'm
650		trying to say, erm, I don't know if I'm making much sense.
651	C2	What do you mean, like experience of being on the course itself or something in particular on the
652		course?
653	C4	Yes the experience of, of being on the course and, erm, yeah.
654	C1	Do you remember that module that we had, erm, err first year it was like the last term, yeah
655	C2	[Mmm.]
656	C1	[and I can't] remember what it was called, context something
657	C2	Diversity.
658	C4	Diversity.
659	C1	diversity
660	C2	Yeah.
661	C3	[Mmmhmm.]
662	C1	[something], erm, I'm sure I had a reason for bringing it up
663		<Laughter>
664	C2	Yeah we touched on ethics in that one
665	C1	[Yeah.]
666	C2	[that's why] I think
667	C5	I can't remember it [(seems like yonks ago).]
668	C2	[but I don't, I'm sure we didn't]
669	C4	[We did talk about] ethics, values, and morals didn't we?
670	C2	Did we? <Laughs>
671	C5	<Laughs>
672	C3	Was it just the one lecture, was it just

673	C2	Covered the
674	C4	I think it was just one lecture on that
675	C2	[that covered the three <Laughs>]
676	C4	[which was values, ethics, and morals] but that was a
677	C3	Okay. [Yeah I ()]
678	C5	[()]
679	C2	[Yes.]
680	C1	[Cause I remember we had to do a journal article]
681	C2	[Yes.]
682	C1	[and] mine was on, kind of, I can't remember what it was properly now, but it was kind of about
683		having to give erm therapy to people who were forced by the courts to have it, you know people on
684		probation, and whether that is ethical or not, and, and, erm, so we obviously did cover it in some
685		way but
686	C2	[Mmm.]
687	C1	[as if, as if], it was, it wasn't very sufficient I don't think
688	C3	Mmm.
689	MOD	There was another term used there, so it was values, ethics, and morals.
690	C4	Yes.
691	C1	<Laughs> don't bring morals into this it's even more confusing.
692	C2	Don't complicate it even more <Laughs>
693	MOD	Well I suppose I'm interested that it's set aside as a third party there.
694	C4	Mmm.
695	C2	Oh, I think it's just word play bleurgh <Laughs>
696	C3	Yeah.
697	C2	I think I, in fact all three of them, call it something else it's, you know, internal supervisor, moral
698		compass, guiding principles, ethical values, every one, it's just
699	C4	I think my struggle was, what I was trying to communicate is are, do our values also, can they shift as
700		well as a
701	C2	[Mmm.]
702	C4	[result] of this course?
703	C1	Mmm.
704	C4	That's what I was, I suppose it took me fifteen minutes to get to this
705		<Laughter>
706	C4	but that's what I'm trying to say.
707	MOD	That's a question you've got or you think?
708	C4	I'm thinking it, it's, it's something that, I'm not sure, but this, this is what I'm kind of trying to make
709		sense of.
710	MOD	Have you felt a shift do you think?
711	C4	If I've felt a shift? Erm, I don't know if I've, if there's been a shift but it's definitely made me think a
712		lot about my own values and I, how I relate to the course, erm, and how I, yeah ethically act.
713	MOD	So it's stimulated reflection.
714	C4	Yes, yeah, definitely.
715	C3	Which perhaps is quite expected seeing that we've experienced so much
716	C2	Mmm.
717	C4	[Yes.]

718	C3	[on the course and]
719	C4	Yeah.
720	C3	we've had this requirement of personal therapy and, the amount of reflection needed as well, and I
721		guess just through the experiences that we've had there
722	C4	Definitely yeah.
723	C3	[(they've made us shift)]
724	C2	[Actually personal therapy] is a flipping gem, yeah.
725	C3	It's a flipping gem.
726		<Laughter>
727	C2	Flipping gem, sorry, no I'm just thinking about how
728	C3	[Such strong language there.]
729	C2	[I was like oh yeah] <Laughs> at the start I was thinking yeah I'll just do the thirty, forty hours
730		whatever it is and
731	C3	[Mmm.]
732	C2	[it'll be a] breeze and I'll just talk about blah blah blah, but actually that's probably been the space
733		where I've explored
734	C3	[Mmm.]
735	C2	[values] and conflicts and all these kind of, yeah, yeah.
736	MOD	So what about space on the course?
737	C3	I'm still feeling like no, blanket no.
738	C5	Mmm.
739	C2	Not to the extent I would want, or wish, or hope, or anticipate, no.
740	C3	But is it not all part of the course anyway? Isn't the therapy part of the course?
741	C2	Mmm.
742	C3	Isn't the things that we do at placement part of the course? The training
743	C2	Oh I suppose yeah.
744	C3	the training's perhaps the umbrella term, that we're trainees and it comes as part of the training,
745		and, but then we've got the academic, we've got the professional, we've got the therapy, so the
746		development, personal development, but I think, I think the course is, it's just embedded in it all as
747		well, [and, and]
748	C2	[Mmm, yeah], but sorry I'm interpreting it as the teaching when you say course
749	C4	[Yeah.]
750	C3	[I'm thinking] of the teaching
751	C5	Mmm.
752	C3	Well I kind of wonder if you interpret the course as being the taught element of our training?
753	MOD	I, I dunno like you say
754		<Laughter>
755	C3	So it's down to our interpretation.
756	C5	[()]
757	C2	[Oh, okay, yeah]
758	MOD	[It is down to you, yeah, yeah.]
759	C1	But I guess, I guess, you know to answer that from my opinion, I think although yeah we do gain a
760		hell of a lot from everything else, at the same time if there aren't certain key areas covered on the
761		course
762	C2	Mmm.

763	C1	then how do they know they are covered like let's be real, our own experiences through training are
764		completely different
765	C2	Mmm.
766	C1	My own experiences from placement to placement are completely different
767	C3	Mmmhmm.
768	C1	So how do they know that we know how to get the right things?
769	C2	Yeah.
770	C3	Mmmhmm.
771	C2	And I, yeah, that's yeah, if I think, I agree with you actually, if I think about the course as a whole
772		there's scope, and the therapy element, yeah, and the placements, yeah, but then placements are
773		completely dependent on how you arrange them.
774	C3	And I guess they don't actually check out the placements
775	C2	[They don't check out the placements]
776	C3	[Either they], it kind of seems as though as long as it works to a certain model
777	C2	Mmm.
778	C3	and as long as the supervisor has gone through a similar process, then there's a assumption
779	C2	There's a massive assumption.
780	C3	that okay you're going to
781	C2	Mmm.
782	C3	be covered regarding, err I don't know, taught how to work ethically and
783	C2	yeah
784	C3	to, how to manage the process and your own values and, and whatever else, there's just, yeah, a
785		assumption, I think
786	C5	[I think it's a]
787	C2	[They assume] ethical practical practice, they assume our supervisors are ethical,
788	C5	<Laughs>
789	C2	[they assume that the organisation that we work in is ethical <Laughs>]
790	C3	Mmmhmm, and
791	C1	it's a massive assumption.
792	C1	They assume it exists [to some extent.]
793	C2	[They assume it exists.]
794		<Laughter>
795	MOD	You've both used the word, you just used the word taught, and you said you'd been interpreting as
796		a teaching perhaps and, so what do you think about that? Is this something that is taught or?
797	C3	If the ethics are taught do you mean?
798	MOD	If these notions, values and ethics, are things that are taught.
799	C3	Erm, I think the ethics are taught, I think the values develop, they're there already, I think they
800		continue to evolve and continue to develop, erm, I can't remember the third word you mentioned
801	MOD	Well I mentioned
802	C3	Okay.
803	MOD	you know, just values and ethics
804	C3	[Okay.]
805	MOD	[and], [morals came in]
806	C3	[and morals], mmm, and I think they develop too I guess, they are in place through early
807		experiences and they develop through our own experiences too, much the same as values, I can't

808		really see a difference between morals and values
809	C1	[Mmm.]
810	C2	[Mmm.]
811	C4	Mmm.
812	C3	I'm not sure if there is one, but I can't see a difference.
813	C4	Is- isn't morals like things that it's, it's either right or wrong, I think some things
814	C1	Mmm.
815	C5	Stood up to your values?
816	C2	No I don't think it's black white like that.
817	C4	I guess in terms of having maybe had experience of perhaps, in some ways I guess what I'm trying to
818		say sometimes this course even also brings, reaffirms and brings you closer to your own values, for,
819		example if, if you, if you've had an experience with someone, either a supervisor, yeah let's say your
820		supervisor who's really not acted in a very ethical way towards you or, or just completely done
821		things that were out of proportion for example, that may, has, has made me to, I suppose think that
822		that's, I would never do that, that is not in any way congruent with the way my values are, or
823		ethically I would, I would never, I suppose hurt someone in the way that I have been treated, if that
824		makes any sense, so in that perspective [I think it]
825	MOD	[So it's like] an experiential learning.
826	C4	Yes, definitely.
827	C3	Mmm.
828	C2	So I suppose like being taught is, is again a vague word, it's how, how are you taught, how do you
829		learn? How do we let the experience across the 3 years, has taught me to, perhaps to reflect more
830		on ethics and values but you can't teach it per se, and I've had good placements and good
831		supervisors so, I just feel that's almost like a pot-luck, because I could've equally've had a, a
832		situation that didn't allow me to erm, didn't allow me to learn how to work in an ethical way, or in a
833		way that I felt kind of comfortable with.
834	MOD	So how do you think your practice experiences have shaped your views on values and ethics?
835	C2	I've had 3 supervisors in three years and all three, individually, personally, place it quite high on the
836		agenda as a discussion point, so maybe it's the way I work, maybe it's, I bring it up also as a, err I
837		know we're supposed to do this but <Laughs> so it's stayed on the agenda for me, but I don't think
838		that's as a result of anything university's done per se, I think a lot of the, the good stuff I've got out
839		of placements is the placement and the supervisor.
840	C3	Could you just repeat that question that you just posed about the placement and
841	MOD	Yeah, how do you think your practice experiences have shaped your views on values and ethics?
842	C3	I dunno it's difficult, I'm not sure. I think for me my placement experiences have erm, have I guess
843		kind of highlighted the need to be ethical. There've been times when I've perhaps crossed the,
844		crossed the line maybe, erm, I haven't slept with any clients
845		<Laughter>
846	C3	[I haven't, I haven't stepped that far]
847	C2	[Just to clarify]
848	C4	[(but you say you've been close to).]
849		<Laughter>
850	C4	I haven't.
851		<Laughter>
852	C3	Erm.

853	C1	Where is the line? Is there a line?
854	C3	[Is the line]
855	C5	[The way you erm]
856	C1	[Where is it?]
857	C5	[left the ()]
858	C3	[Yeah I, I've just,]
859	C5	[makes me think that maybe you did.]
860	C4	You have not.
861	C3	Erm <Laughs>
862	C2	Only accepted gifts, yes we know that <Laughs>
863		<Laughter>
864	C3	Anyway, err where's the line? I th- erm, just trying to think of an example but, dunno actually, I
865		don't know where the line is.
866	C4	Can I jump in, [sorry]
867	C3	[Please do] cause I'm, [I'm struggling.]
868	C4	[no, as I] mentioned before maybe the issue of, of suicide, erm, is just, you know something that you
869		continuous-, you know that when you assess your clients you do ask them have you ever had
870		thoughts about killing yourself and if, you know if they say yes and they've got plans and then you
871		have to act ethically as I said before, erm, but that's something that in terms of the ethics and how
872		the, my practice have shaped maybe the way I think ethically, erm it's challenged my own kind of
873		personal ethical erm standards but then I still have to act upon my professional, err so it's I guess
874		posed a real challenge?
875	C5	Mmm.
876	C4	But values I think they're a bit harder.
877	MOD	So what about the client's values?
878	C4	Yeah, erm, you mean in this instance if, if for example they?
879	MOD	Just generally I suppose these two terms, values and ethics, do you think about what they are to the
880		clients?
881	MOD	What the
882	C4	[Mmm.]
883	MOD	[client's] values are
884	C4	Mmm.
885	MOD	and
886	C4	[Mmm.]
887	MOD	[their] ethics might be?
888	C4	I guess that would make me even feel worse if their values and ethics were different than that of
889		mine, but on a personal level I would relate to that but then would have to act differently because,
890		erm, I have to.
891	C2	Mmm, there's a conflict.
892	C4	Yes
893	C2	[Mmm.]
894	C4	[a real] conflict.
895	C2	I'm thinking about the suicide example
896	C4	[Yeah.]
897	C2	[that] you used actually, I'm thinking about a client who, our values were in conflict, I mean,

898		personally I don't believe in suicide but that's just my personal value but I also accept that some
899		people erm would see it as, as an option
900	C4	Mmm.
901	C2	if they're thinking rationally, would with their rational minds see euthanasia or suicide as a
902		legitimate behaviour and this session with the client we actually spoke about our values and I, I had
903		to address this cause we were just wrestling with it and I said, professionally this is where I stand on
904		suicide, however let's just talk about it and she ended up disclosing that she was at a point in her life
905		where she really didn't want to go on, there was a history of suicide, it was a legitimate way out and
906		I left that session kind of thinking, well she may well go off and do it, and that's her choice, and
907		ethically I've done everything I needed to do, blah blah blah, risk, der der der, given her information
908		but, so the client's values and my ethics I think as a professional you can do what you need to do
909		ethically and still have a client whose values are going to be in conflict with yours if that makes any
910		sense. The client doesn't necessarily have to agree with your value base
911	C5	Mmm.
912	C2	and if they act unethically, there's no real consequence for them, there's only a consequence for us
913		if
914	C3	[Mmmhmm.]
915	C2	[we] act unethically. So in that way it doesn't seem as complex, that's where it, that's one example
916		where ethics might help <Laughs> in a way.
917	MOD	But unethically means, in, that you're contravening what?
918	C2	What do you mean?
919	MOD	Well if the-, this notion of being, 'cause the way you're talking sounds like you're separating out erm
920		ethics there from your values and that the client if they were to go and commit suicide would be
921		acting unethically, so what, what does that mean, ethically in terms of what?
922	C2	I guess I can't, yeah sorry, I can't, [what I meant was]
923	MOD	[You used the word profession there] do you mean, sorry
924	C2	Yeah it's, to me the ethics are tied up with a profession that I don't
925	MOD	[Right]
926	C2	[see] ethics as applying almost, or ethics don't apply to clients but that just shows how I'm
927		understanding and interpreting ethics, I'm seeing it as something that belongs to a professional
928		cont- context with consequences for me as a professional
929	C1	Mmm.
930	MOD	And what are these ethics of the profession then?
931	C2	That we must not, in this example, allow our clients to comi- kill themselves.
932	C4	Not to abuse your power.
933	C2	Not to abuse power, and to act in the, the best interests of the client which
934	C4	Which then again brings conflict <Laughs>
935	C2	that's why we've just had a chat about suicide, I'm like
936	C4	[Yeah.]
937	C2	[you know?] Because it wouldn't be in her best interests for me to talk her out of it, and I wouldn't
938		do that, so I guess that's what I meant by, I have to act ethically, my values tell me that you can't
939		stop somebody killing themselves if they really want to do it, my ethics say that you have to cover
940		certain ground, but does the client have an ethical code? Not in the same way that we as therapists
941		do I don't think.
942	MOD	And where do you think counselling psychology fits into that?

943	C2	It doesn't for me.
944	C4	Can you be a bit more specific? Or in terms of?
945	MOD	Well I'm wondering when you talk about, talk about the profession erm do you mean counselling
946		psychology or do you mean the BPS code of conduct or do you mean something, I, I'm wha- what do
947		you mean? 'Cause it sounded like you were configuring it as your personal values, the client's
948		personal values
949	C2	Mmm.
950	MOD	the profession having an ethical
951	C2	Yeah.
952	MOD	erm standard or framework, and I'm wondering whether within the profession is subsumed
953		counselling psychology
954	C2	Mmm.
955	MOD	or whether counselling psychology is something else in there.
956	C2	I just see ethics as belonging to the body, whoever that body is, it was BPS in year one, now it's HPC,
957		I don't see it as a, as split between counselling, clinical, psychotherapeutic practitioners or anybody
958		else, I just see it as something that belongs to the body that governs our profession, whoever that
959		may be.
960	MOD	So what does it mean to you all to be counselling psychologists then? Or does it? Is that not, does
961		that mean something to you or not really, what do you think? Counselling [psychology.]
962	C2	[No.]
963	C3	What does it mean to us to be counselling psychologists?
964	MOD	Mmm.
965		<Laughter>
966	C3	That's, that's such a [broad]
967	C4	[Profound] question.
968	C3	Question, erm
969	C4	It means to be a healer, perhaps
970	C3	status <Laughs>
971	C2	<Laughs>
972	C1	A lot of study <Laughs>
973	C3	Yeah.
974	C2	I'd be happy with just the psychologist. I mean
975	C1	Yeah.
976	C2	counselling, clinical, fff, doesn't make a difference to me.
977	C3	It's all about the, being a doctor
978		<Laughter>
979	C2	Yes it's the two letters.
980	C5	[(you called a doctor.)]
981	MOD	[What does it mean to be] a psychologist then, erm I'm, I guess I'm trying to find a place for these
982		words in the configuration, in terms of the values and ethics of being a counselling psychologist, I
983		don't feel like I've heard you say that, describe that, unless when you say profession that's what you
984		mean.
985	C3	Mmm, [yeah.]
986	C2	[Yeah.]
987	C1	Mmm.

988	C4	Yes, referring to the [(profession)]
989	MOD	[So when you say] profession you mean being a counselling psychologist.
990	C3	'Cause that's our profession.
991	C4	Yeah.
992	MOD	Right, but then what you were just saying was that it, for you, erm, it sounded like what you were
993		saying was that it wasn't distinct.
994	C2	No for me it's not distinct and that's probably because I spent five years wearing the hat of a f- what
995		would be called a family therapist, so it doesn't matter to me what I'm called, I don't think my values
996		and ethics change, if I was to go and do another course and be called something else, it wouldn't, it
997		wouldn't impact, so the profession to me is as a psychologist, as somebody working with people,
998		erm in a psychological capacity.
999	C3	But perhaps ethics would change if say, I dunno, say if you work in the profession of being a
1000		counselling psychologist compared to say working in the profession of being say a care-worker.
1001	C2	Yeah, no I guess I mean within the field of psychology, so if you were to go and wear another hat
1002	C3	Mmmhmm.
1003	C2	let's say be a trained CBT practitioner and then call yourself that or erm go on and do
1004		psychotherapy.
1005	C3	Okay
1006	C2	So the profession like encompass-
1007	C3	Of being a therapist or
1008	C2	all of it, just, yeah therapist a
1009	C3	Mmmhmm.
1010	C2	whatever we, we might call ourselves in 10 years time.
1011	C3	Mmmhmm.
1012	MOD	And others? What do you think? Would you agree that say psychotherapy and counselling
1013		psychology share the same values and share the same notions of ethics?
1014	C1	I don't know that they necessarily do but I think they're very very similar, and I agree with C2 it
1015		doesn't really matter what my title is it would be more about erm where I'm, it wouldn't , it
1016		wouldn't change that for me basically.
1017	C3	Mmm. Cause I guess that there could be changes in how you would work therapeutically
1018	C2	Mmm.
1019	C3	that may create conflicts ethically, so many long words
1020	C2	<Laughs>
1021	C3	where for example say if you're a CBT therapist
1022	C2	Mmm.
1023	C3	compared to a psychoanalyst, where perhaps a CBT therapist would actually leave the therapy room
1024		with the client to do a behavioural experiment
1025	C4	[Mmm.]
1026	C2	[Yeah.]
1027	C3	and go out to do some kind of exposure work or something, yet a psychoanalyst, I'm kind of making
1028		a assumption here, I think would very much just be in the room
1029	C2	Mmm.
1030	C3	where that time is the client's time and it's up to them. Erm, ethically is it okay to accept money
1031		from clients, say psychoanalysis, if you have a appointment, if you can't attend you still pay the
1032		money.

1033	C2	Mmm.
1034	C3	You might miss a month's worth of appointments, you pay the money for every single appointment
1035	C2	Mmm.
1036	C3	'cause that time is still yours.
1037	C5	Mmm.
1038	C3	As a CBT therapist, if a client cancels a appointment the day before or something
1039	C4	Mmm.
1040	C3	would you still charge the money? Would it be ethical to still expect that money to be paid?
1041	C2	Mmm.
1042	C3	You know, so I think that it, perhaps it
1043	C4	[Mmm.]
1044	C3	[does change], even though they're the, they're all, working, they're both working in the
1045		psychological field
1046	C2	Mmm.
1047	C3	perhaps the ethics do change through the professions
1048	C2	[Mmm.]
1049	C1	[But would you think] that that would change, I'm just thinking about myself and if I was, 'cause you
1050		know when I work psychodynamically, or when I work using CBT, I don't think, I don't think there
1051		would be a difference in the way I would charge people, I think it would be the same
1052	C2	Mmm.
1053	C3	[In terms of]
1054	C1	[and I], well I mean if, you know private practice like you were talking about your example
1055	C3	Mmmhmm.
1056	C1	I don't think it would be different based on
1057	C2	[Mmm.]
1058	C1	[working] one way or another.
1059	C3	Okay so but, whereas, say, now, now I'm, I'm a member of an analytic group, which meets every
1060		week, if I can't make a week I may tell the group two weeks prior, I cannot make this date, I'm still
1061		expected to pay for that time regardless. I may say I cannot make the appointment in a month's
1062		time, if the group's running I'm still expected to pay.
1063	C5	[Mmm.]
1064	C2	[Mmm.]
1065	C3	Now when I've had CBT therapy before or I've had integrative err personal therapy in the first year,
1066		if I cancelled a appointment we would just rearrange the appointment, I wouldn't pay I'd just
1067		rearrange for another time.
1068	C1	Mmm.
1069	C3	Now is it ethical to expect that
1070	C2	[Mmm.]
1071	C3	[person] to pay money for a appointment that they've cancelled?
1072	C2	I guess, I agree both with C1 and you <Laughs> on these points, I think agree with what you're
1073		saying, if you're working in private practice regardless of the model, the payment thing is kind of in a
1074		s- it's up to you, but I also hear what you're saying and I think that's what I meant when I said that
1075		whichever hat you wear, you just adopt the ethical rules of that
1076	C3	Okay.
1077	C2	professional body.

1078	C3	Mmmhmm.
1079	C2	That, that, that's exactly, the example you gave is spot on
1080	C3	Mmm.
1081	C2	that, you know for a psychoanalyst that's ethical
1082	C3	[Mmmhmm.]
1083	C2	[let's open], there are fickle guidelines, that's, that's fine
1084	C3	Mmmhmm.
1085	C2	and that's why, that's why I'm more erm, if I ask what your value instinct is in that, how you react
1086		that that <Laughs> your values tell you what you feel about it really.
1087	C3	Yeah, I, I kind of feel as though if I wasn't okay with it
1088	C2	[Mmm.]
1089	C3	[I would] leave that
1090	C2	[Yeah.]
1091	C3	[analytical] group. However, maybe the therapist has to be aware
1092	C2	Yeah.
1093	C3	at the same time whether it's exploitative
1094	C2	Mmm.
1095	C3	as well, if they're exploiting the client.
1096	C2	Mmm.
1097	C3	If the client has some relate issues
1098	C2	[Mmm.]
1099	C3	[which means] that they're scared of abandonment
1100	C2	[Mmm, mmm]
1101	C3	[or whatever], so they're gonna stay in that relationship and pay that money
1102	C2	Mmm, yeah.
1103	C3	is it eth-
1104	C2	[Is it ethical]
1105	C3	[ethical] for the cli- for the therapist not to be aware of that?
1106	C2	Mmm.
1107	C1	Well would it ever be ethical though if we think about it like that because, especially if you're
1108		thinking in that kind of, with that kind of model, you know, everything means something there's
1109	C3	Mmmhmm.
1110	C1	you know there's, they'll always interpret erm non-attendance as something so in that case then it's
1111		completely unethical to charge
1112	C3	[Mmmhmm.]
1113	C1	[when someone's] not there, and what if they're not there because of that? What if they actually
1114		had child care problems or
1115	C4	Mmm.
1116	C1	they've got some problems with their job and they're kind of overworked at that time, that's
1117		unethical too
1118	C3	[Mmmhmm.]
1119	C1	[but that's] what I was saying about my values because
1120	C2	[Mmm.]
1121	C1	[I think] even if I worked like that I would still struggle with charging someone just because some
1122		kind of

1123	C2	Mmm.
1124	C1	strongly held belief by most other people, I don't think it's gonna be in a
1125	C4	[Mmm.]
1126	C1	[kind of] ethical, under any kind of ethical guidelines, yes you must charge, but, so I think it's a
1127		different kind of thing and that's why I think it doesn't matter, that would be my values, that I
1128	C3	[Mmmhmm.]
1129	C1	[think that would] be wrong and I would find, I would really struggle with that
1130	C2	Mmm.
1131	C1	and would probably have to argue it with the manager or whoever else is around
1132	C2	[Mmm.]
1133	C1	[if there] is someone.
1134	MOD	So the different approaches might have different forms of ethics or different frameworks?
1135	C2	Mmm.
1136	MOD	That are ethical in some nature, but your values would be something that remains more consistent
1137	C4	[Mmm.]
1138	C5	[Mmm.]
1139	C4	I just, I don't know if it would be ethical or unethical, I mean in terms of the different approaches or
1140		whether it's just the bod- the, the model of that specific person, 'cause if you're an analyst
1141	C2	Mmm.
1142	C4	then it's, it's within that model it's not specifically up to me if, if someone, let's say if you're charging
1143		erm a client even though they haven't turned up whether that raises issue of ethical concerns or
1144		whether that has more to do with the way that you erm think within that model, if that makes any
1145		sense
1146	MOD	Go on, can you say a bit more, you're nodding? I think I misunderstood you before, so
1147	C4	What do you mean?
1148	MOD	Well I'm not sure that when I said back to you that approaches have different con-, different ethical
1149	C1	Well I don't think that's, like C4 is saying, I don't think whether you charge someone or not is ethical,
1150		I think it can become ethical if you're charging them incorrectly
1151	C4	[Yeah.]
1152	C1	[but] I think if you take
1153	C4	[Yeah.]
1154	C1	[that] away it's not about ethics it's
1155	C4	[Yeah.]
1156	C1	[about] approaches
1157	C4	[Yeah.]
1158	C5	[Mmm.]
1159	C1	It's like, it's like my supervisor was saying you
1160	C4	[Yeah, yeah.]
1161	C1	[know you] interpret the gift
1162	C4	[Exactly.]
1163	C1	[whereas another person] might just [take it or not take it.]
1164	C4	[Whereas maybe] a CBT therapist is not, they're maybe, there's not gonna be interpretations into
1165		that, you know the
1166	C1	[In the same way.]
1167	C4	[a picture], you when you draw a picture and give it to your therapist, the analyst is obviously going

1168		to look at the colours and the shapes and the forms and the, you know symbols, what it represents,
1169		but a CBT therapist is probably just
1170	MOD	so is that something about the way the model values what goes on then?
1171	C1	Mmm.
1172	C4	To me yeah.
1173	MOD	Right. So psychodynamic would value interpretations
1174	C4	[Mmm.]
1175	MOD	[over] something else whereas CBT might place more value on
1176	C4	Mmm.
1177	MOD	Something different
1178	C4	Mmm.
1179	MOD	Is that what you mean?
1180	C4	Yeah.
1181	MOD	What are your thoughts C5?
1182	C5	<Laughs> Erm, I dunno. Said it, like I said that it's, it's very subjective, I think there's sometimes the
1183		organisation that you may work for will make you do something that will go against your value.
1184	C3	Mmmhmm.
1185	C5	So there's sometimes you know you think, well, do you have to go along with it? Like I had one
1186		client who when she was referred her husband was very sick but the time her referral came to me
1187		for the assessment he had died, and he'd died two weeks prior to my first appointment
1188	C2	Shit.
1189	C5	so she was very isolated, erm, very lonely 'cause she was erm white British Muslim so she converted
1190		to Islam, but it was, and her family was up north but she felt, was very isolated, she couldn't go to
1191		the mosque and stuff 'cause the languages and stuff was different, so for me it was just a matter of
1192		just hearing her out, giving tea and sympathy, my organisation were like, no you have to discharge
1193		her because the bereavement has not been long enough, and even to this day it still bugs the hell
1194		out of me 'cause that went against my values. She just needed someone just, she was
1195	C2	[Mmm.]
1196	C5	[isolated], just someone to talk, just to hear her out, I'm not doing therapy, bereavement therapy
1197		per se, tea and sympathy if you want to call it that, but I felt that was valuable for her and I felt like I
1198		had to chuck her out because you didn't fit this neat little box
1199	MOD	Mmm.
1200	C5	and to this day it still bugs me
1201	C3	Mmmhmm.
1202	C5	still annoys me, 'cause that totally went against my values but the organisation, this
1203	C4	[Mmm.]
1204	C5	[big body] is saying, no
1205	C4	Mmm.
1206	C5	it's not long enough, and they've changed it now, anyone comes with bereavement it has to be six
1207		months, which I can understand, you do have that recovery process but if someone's really isolated
1208		and they've got no one else to talk to, is it not therapeutic just to have someone to come and talk
1209		to? Or should that be left to, I don't know, the Samaritans or whatever, I don't know, it does
1210	C2	That's really interesting, that raises the ethics about what they call watchful waiting.
1211	C5	Yeah.
1212	C2	You know, that the distress will be at peak

1213	C5	Mmm.
1214	C2	leave it alone and see what happens, whether it's bereavement or it's the same approach in kind of
1215		trauma work where, yeah, they're in distress but leave them there for a bit, because it may just erm
1216		be okay in a few weeks
1217	C5	Mmm.
1218	C2	or it may need intervention but just wait, so there's all sorts of ethics tied up in what we do
1219		constantly.
1220	C3	And I guess with, with erm watchful waiting, I guess risk can
1221	C2	[Mmm.]
1222	C3	[raise] from that as well, that yeah, if they're up here
1223	C2	Mmm.
1224	C3	regarding their distress, if they're high regarding their distress, that could be when they're at the
1225		most risk
1226	C2	Mmm.
1227	C3	and to discharge someone who is so isolated
1228	C2	Mmm.
1229	C3	I can
1230	C5	[Mmm, (horrible)]
1231	C3	[completely understand how] uncomfortable that could've been actually and
1232	C5	[It was.]
1233	C3	[it's quite] shocking actually 'cause it's, it's shocking. I can, and I think that's a great example of that
1234		conflict between your values, the demands of the service, and what maybe is deemed ethical, and I
1235		guess for them that was ethical, or else I guess they wouldn't have suggested to discharge her but
1236		for me I'd question the ethics of that.
1237	C5	Mmm, [(totally).]
1238	C1	[I guess], I guess I agree and I would find it hard in your position in that situation but I'm just
1239		thinking about, how ethical is it to actually give someone therapy
1240	C3	Mmmhmm.
1241	C1	when we know that it is a process
1242	C4	Mmm.
1243	C1	bereavement is a process, and if we, all we are able to offer them is kind of sympathy or a space, so
1244		they feel less isolated, is that ethically going to be enough, I mean could you, would that, if it was
1245		private practice and they were coming to you, would it be right to charge them fifty pounds an hour
1246		when all you are giving them is that sp- I'm not saying i-
1247	C5	[Mmm.]
1248	C4	[Mmm.]
1249	C1	[I'm not saying I don't], I don't know where I stand on that, it's just, it, I guess that's the thing
1250		though, there aren't straight lines with
1251	C2	[Mmm, ().]
1252	C1	[ethics, although] they can be so rigid that's not realistic to life because
1253	C3	Mmmhmm.
1254	C1	[it wouldn't fit into it]
1255	C2	[It's constantly your call] isn't it?
1256	C5	Yeah, so it's really subjective.
1257	C2	Mmm.

1258	C5	I had one, another client who, her son had died suddenly and in her, talking about the bereavement
1259		she was sometimes feeling really low and sometimes had thoughts of being better off dead
1260	C2	Mmm.
1261	C5	'cause she wanted to be with him, and my organisation's like, right right right you have to write to
1262		the GP, tell her about this blah blah blah blah, and I had another client who was quite impulsive,
1263		wanted to go to the tube line, wanted to kill herself, she had four young, she had four boys, all
1264		young, the youngest was about 13 and stuff, and the dynamics there, I thought she was more at risk
1265		than
1266	C2	[Mmm.]
1267	C5	[than the other one] and they were like, no, you know it's not important, it's just like
1268	C2	Mmm.
1269	C5	how do you see the difference when they both are
1270	C2	[Mmm.]
1271	C5	[expressing] suicidal tendencies and to one, to me a, an external supervisor was just part of the
1272		bereavement process
1273	C2	[Mmm.]
1274	C5	[another] one was, seemed very impulsive, even almost manipulative
1275	C2	Mmm.
1276	C5	with her boys and stuff, and it's just like, but no that one wasn't as important as that one, and how
1277		did they draw the lines and stuff and it's just, 'cause then it's, to me it's, it's, because the guidelines
1278		are vague and interpretive I guess that it's subjective.
1279	C1	It's very subjective
1280	C2	Mmm.
1281	C1	and erm, if you think about those supervisors and trying to understand their decisions behind, you
1282		know why they don't agree, they don't see it the same way you do, is that based on their own
1283		previous experience of people that they've worked with? And how can we kind of judge based on
1284		that? What, what basis do we really have for anything?
1285	C5	Mmm.
1286	C1	It is all quite subjective, which is quite scary when we can do something very small and get
1287	C3	Mmmhmm.
1288	C5	Yeah.
1289	C1	pulled up on it, [(you know)]
1290	C3	[Mmmhmm.]
1291	C5	It's like you just said before, it's like, we discussed in a lecture, it's almost like your whole identity is
1292		now a counselling psychologist
1293	C1	[Yeah.]
1294	C5	[you know] if I decide to go out on a Friday night and get really pissed and start dancing on tables,
1295		someone can see that and you know I could be brought in because my behaviour was unethical, it's
1296		just like, is my whole being now just a
1297	C3	[Mmmhmm.]
1298	C5	[counselling] psychologist? Should my values and ethics match up to this profession
1299	C3	Mmmhmm. [Which I, yeah]
1300	C5	[when I'm also human], I don't know
1301	C3	Mmm, yeah
1302	C5	[()]

1303	C3	[which I guess], and if you think about things like Facebook for example
1304	C5	Yeah.
1305	C3	photographs on there, comments on there, I'm not really sure if this is still kind of connected but
1306		<Laughter>
1307	C4	I mean that, yeah.
1308	C3	but how that kind of need to, or that expectation that you're always
1309	C2	Mmm.
1310	C3	a counselling psychologist,
1311	C4	[That's]
1312	C3	[you must] behave in a certain away, you're expected to behave in a certain way, if you don't
1313	C2	It's not normal. It's what you were saying about what do you sacrifice, do you sacrifice a bit of
1314		professionalism to keep the self intact
1315	C3	[Mmm.]
1316	C2	[you know], and I'm very much of, yeah, you know? I'm, I'm
1317	C4	[Me too.]
1318	C2	[of course I'm] gonna go out
1319	C4	[It's so extreme]
1320	C2	[course I'm gonna, you know] do stuff that I wouldn't want my clients to see
1321	C3	<Laughs>
1322	C2	of course
1323	C5	You're still human.
1324	C2	yeah, I'm not gonna pretend that I'm gonna be a flippin' therapist twenty-four-
1325	C3	[Mmmhmm.]
1326	C2	[seven] 'cause it's just not gonna happen [but]
1327	C4	[but] it is, yeah.
1328	C2	Go on sorry.
1329	C5	But then you've got to be careful someone doesn't see that and take offence, isn't it [and then you
1330		get]
1331	C2	[Yeah but then] the, [that's the thing]
1332	C4	[(What about)] freedom of speech,
1333	C2	[Mmm.]
1334	C4	[thi- this] is where I kind of, that's where my struggle is, like
1335	C2	[Yeah.]
1336	C4	[can I] not write, can I not update my status
1337	C5	<Laughs>
1338	C2	Yeah <Laughs>
1339	C4	and write something that I just feel in that moment without being, you know someone catching me
1340		and then
1341	C2	[Mmm.]
1342	C4	[pulling] me up against
1343	C5	[Mmmhmm.]
1344	C4	[the HPC] for, I mean it, it's just getting out of
1345	C3	Mmm.
1346	C4	<Laughs> [proportion a little bit <Laughs>]
1347	C3	[Yeah.]

1348	C5	[But then is that, is that you take that professional role on and] you're meant to be seen, if someone
1349		looks at you that's what they will see, they will see
1350	C2	[Mmm.]
1351	C5	[that professional], the counselling psychologist, and you're meant to uphold
1352	C2	[Mmm.]
1353	C5	[the values] and ethics but err [say when (), exactly, yeah]
1354	C2	[But who dictates them, that's my big question], that who dictates them, that's why I say I feel
1355		detached from it, 'cause it's the body
1356	C3	[Mmmhmm.]
1357	C5	[Yeah and who, who is the body?]
1358	C2	[And you know when I], when I'm before the body and I have to explain why I was on an anti-war
1359		march or whatever whatever then so be it, but I think, you know, it's so far removed it feels to me
1360		that
1361	C5	Mmm.
1362	C2	It's like this looming sense of, you will be called into the head-teacher's office
1363	C3	[Yeah <Laughs>]
1364	C2	[you know <Laughs>]
1365	MOD	But is part of that that you, you may, maybe you'll be called into the head-teacher's office but
1366		you're not sure what it will be about? Is that what you mean?
1367	C2	If, it feels to us, and I think this comes from the course, the, the taught element, that you must be
1368		aware of all dimensions of your life, and because the guidelines are so vague, I have a sense that it
1369		could be absolutely anything, it could be pot-luck, I don't know, I'm having an argument with
1370		somebody on the street
1371	C4	[Or kissing your boyfriend <Laughs>]
1372	C2	[and a client walks past, I could be kissing somebody on the street, I could be peeing on the street], I
1373		don't know but
1374	MOD	And what do you think that would mean?
1375	C2	That
1376	C1	Well we know what that means don't we?
1377	C2	Yeah <Laughs> the message
1378	C4	[What?]
1379	C2	[we've been] given is that it's a question mark over your professionalism.
1380	C3	Mmm.
1381	C2	It's an ethical issue.
1382	MOD	So professionalism means what then in that, what, what's that message that's been given to you?
1383		Professionalism means?
1384	C2	Sticking to the ethical guidelines,
1385	C5	[(to) know what you do.]
1386	C2	[so] going on, going out getting trashed and being seen doing something that is not what you would
1387		expect, and that's the grey area, what would one expect?
1388	C5	See yeah, was someone who'd go out, got a bit pissed and flirted with the waiter, they could get
1389		called in
1390		<Laughter>
1391	MOD	So what is, so what somebody might
1392	C1	Hopefully not there.

1393	C3	Not for just flirting.
1394		<Laughter>
1395	C1	I think flirting's allowed.
1396	C4	Not just flirting.
1397		<Laughter>
1398	MOD	So what one might expect is a grey area
1399	C2	Hmm?
1400	MOD	What, what one might expect, of a professional,
1401	C2	Mmm.
1402	C5	[Mmm.]
1403	MOD	[is a grey] area
1404	C2	Yeah.
1405	MOD	and is perhaps, what you're saying, is very [subjective]
1406	C5	[Subjective.]
1407	C2	[Yeah.]
1408	MOD	[like] who knows what one person might think of, expect of a profession, to another
1409	C5	Yeah.
1410	MOD	Right.
1411	C2	Because it's based on a professional mystique. If we were city bankers it would be expected we
1412		might go out and get trashed on a regular basis but because we have this professional mystique,
1413		which is false, it's a false perception that counselling psychologists or any therapists are perfect
1414		human beings,
1415	C5	Mmm.
1416	C2	it seems that we're set up to be in ethical trouble at some point sooner or later
1417	C3	[Mmm.]
1418	C2	[because] we're not perfect human beings.
1419	C3	and I love, I love that term professional mystique
1420	C1	[Yeah (it's good).]
1421	C3	['cause it really is], it's like you have to be a certain
1422	C2	[Yeah.]
1423	C3	[way] but where, where or when can we be human?
1424	C2	[Yeah.]
1425	C3	[You know] when, and I kind of just think about whether, whether it's ethical to be a psychologist
1426		involved in the media in any role apart from as a psychologist, kind of, there was erm that Pamela
1427		Stevenson on the Strictly Come Dancing show, I don't know, you're all completely blank I see
1428		<Laughter>
1429	MOD	No I, I know what you're talking about.
1430	C3	Yeah?
1431	MOD	Yeah.
1432	C3	She's a clinical psychologist
1433	C2	Uhh.
1434	C3	on a dancing show who would've had a wealth of clients who she's seen in the past
1435	C2	Ohh.
1436	C3	past present and
1437	C1	[Oh yeah.]

1438	C3	[in the future], now she's presenting herself on the dance-floor every Saturday night, Friday night
1439	C2	Mmm.
1440	C3	behind the scenes footage at her home and family and
1441	C2	Mmm.
1442	C3	the client get, gets to see her home, gets to see her partner and whatever else, gets to see in skimpy
1443		little outfits, is, is, is that right?
1444	C2	Yeah
1445	C5	[Yes I, I want to go on]
1446	C2	[see my gut reaction is] why not?
1447	C5	Yeah, 'cause
1448	C2	I know we kind of cringe but why not, she's human?
1449	C3	[Mmmhmm, mmmhmm, how about]
1450	C5	['Cause for me like I would love to go on], like, the biggest loser
1451		<Laughter>
1452	C5	[something like that, and I just think, if I go on there they're gonna see me and know how much I
1453		weigh, they'll know all my, my fuck ups and then I'm gonna be like their therapist or something], and
1454		I'm just like, hmm. [Or go on big brother or something]
1455	C2	[I don't know what I think I'm just playing] devil's advocate, I honestly don't know what I think about
1456		that but I'm just like, why not? <Laughs>
1457	C3	I, I, I agree, I
1458	C5	But then ethically
1459	C4	There was a
1460	C5	they may s-, would they
1461	C2	Why?
1462	C5	say?
1463	C4	Then all the
1464	C2	'Cause then we're feeding into this idea
1465	C5	Yeah.
1466	C2	that we're perfect, our kids are just sitting there quietly doing homework, so no it's [crap]
1467	C5	[Yeah it's bollocks.]
1468	C4	[I think that there's] a real sense of imprin- imprisonment for me
1469	C3	[Mmm.]
1470	C4	[erm] <Laughs>
1471	C3	[Yeah but that's a]
1472	C4	[maybe I'm going extreme] but like being aware what I, you know
1473	C2	Mmm.
1474	C4	oh you know I better be careful what I write you know under this person's picture you know or, or if
1475		I make a comment here on, on my status I'm, you know, what, what if someone sees it and reports
1476		it to the HPC, I mean that's a bit, pathetic really, erm
1477	C3	[Mmmhmm.]
1478	C5	[Mmm.]
1479	C1	[That's extreme.]
1480	C4	[That's just taking it] to the extreme but <Laughs>
1481	C1	But I think, sorry, I was just going to say I think what we were told was not as bad as we're making
1482		out now, I think what she was saying, our lecturer, is that we need to be able to justify our actions

1483		and our decisions, so if we do want to go on an anti-war march
1484	C2	[Mmm.]
1485	C1	[we have] to be able to say, if we do
1486	C4	[Mmm]
1487	C1	[get] called up because of this we
1488	C2	[Mmm.]
1489	C1	[have] to be able to defend ourselves and
1490	C4	[Mmm.]
1491	C1	[say], I am against war, I am ag- I believe in peace, I don't think anyone, and that is part of my
1492	C2	[Mmm.]
1493	C1	[like], myself as a counselling psychologist or whatever
1494	C2	Mmm.
1495	C1	err or yeah okay, I think, I think it's different with these examples of TV because that is actually
1496		showing your whole life to people anyway which is
1497	C4	[Mmm.]
1498	C1	[something] that I don't think everyone
1499	C4	[Mmm.]
1500	C1	[would agree] with.
1501	C3	Okay so how I've taken a kind of lead of, during a anti war mask, mask, erm march
1502	C1	Mask.
1503		<Laughter>
1504	C3	it's been a long day
1505	C2	It has.
1506	C3	erm, how about if a therapist err is a member of say the BNP?
1507	C5	Mmm.
1508	C1	Well that's different.
1509	C5	Why?
1510	C3	Why's that different?
1511	C1	Because that is excluding a group, being part of anti-war march is not excluding anyone, in my eyes
1512		it's actually, it's actually saying, it depends why you're on that march, but when I go on marches like
1513		that, if I do
1514		[<Laughter>]
1515	C5	[()]
1516	C1	then erm, then you know it's because actually I believe in peace and I don't think that going and
1517		attacking people in another country is right, and I don't think there's anything about that that is
1518		incongruent with my
1519	C2	[Values.]
1520	C1	[posit-] with my kind of position as a counselling psychologist, whereas being in the BNP would be
1521		saying, you know, all these people, they need to be excluded from society.
1522	C5	[But like you say it's all sub- subjective]
1523	C3	[Well, not necessarily], yeah, perhaps, perhaps the
1524	C4	Yeah, yeah, no, no [()]
1525	C3	[perhaps the] that person would say that err, that the country hasn't got the infrastructure to
1526		maintain the number of immigration into the country and there's no other political party that's
1527		addressing that issue so therefore [()]

1573	C2	Mmm.
1574	C5	that was wrong
1575	C3	Mmmhmm.
1576	C2	so [those kinds of things are, mmm.]
1577	C5	[but ethically they were like, no you] have to treat everybody the same, [so]
1578	C3	[But although], perhaps' I'd be even more unethical for him to work with that couple
1579		[<Laughter>]
1580	C1	[Exactly]
1581	C3	[You know?]
1582	C2	So he doesn't believe in keeping the relationship intact obviously.
1583	C3	Yeah, 'cause
1584	C5	So
1585	C2	I, I know what you're say but I, mmm, it's an idealism isn't it, that if, this is maybe going a step too
1586		far, if you don't believe in human kind then anything which promotes exclusion or division, whether
1587		it's gay marriages or erm, I don't know, erm, stopping immigration, or things to me that don't, don't
1588		promote inclusion in the broadest sense are a value that's, that conflicts with which ever body it is.
1589	C3	Mmm.
1590	MOD	Whichever?
1591	C2	Whichever professional body it is. So there's a conflict between some personal values that are very
1592		deeply held are going to come into conflict in that case with professional ethical value-
1593	C5	Mmm.
1594	C2	professional ethics sorry
1595	C3	Mmmhmm.
1596	C2	and that's tough.
1597	MOD	Okay we've got erm just a minute or two left so I just want to repeat the question and if you want to
1598		give a final say on anything then fine, if you don't also fine, so my original question was, what do the
1599		terms values and ethics mean to you in relation to counselling psychology, and specifically your
1600		training and practice?
1601		<Laughter>
1602	C5	[Sorry, say that again?]
1603	C3	[I'm even more confused] now
1604	MOD	What do the terms values and ethics mean to you in relation to counselling psychology, and
1605		specifically your training and your practice?
1606	C3	I'm happy to go first. I think what it means to me, to my profession, is <Laughs> no it's gone
1607		<Laughter>
1608	C5	You don't know.
1609	C3	It was there a second ago, erm, is that it's important for ethics to, for the profession of counselling
1610		psychology to be embedded in the ethics of whatever body it's involved in <Laughs> this is such
1611		waffle
1612		<Laughter>
1613	C3	this is such waffle, however, it's important to remember that
1614	C5	[We're human.]
1615	C3	[we're human] first, we're not caught up in this mystique of the profession, that we're human and
1616		that for me comes before any expectation set by some faceless body that will dictate how we're
1617		meant to be when those ethics will change over time, those ethics will not, guaranteed will not be

1618		the same in 10 years time, yet we will still hopefully be here and how we are comes first, as people,
1619		so our values are important.
1620	C5	But yet our values could change just as ethics change.
1621	C3	Our values can change but if we're human then they are still part of us
1622	C5	Mmm, yeah.
1623	C2	Mmm.
1624	C3	and we're allowed to be who we are, if we're allowed to get pissed on a Friday night, which is
1625		important
1626	C5	And dance on the table <Laughs>
1627	C3	<Laughs> yeah, occasionally, but yeah, our values may well change over time and may well evolve
1628	C5	Yeah.
1629	C3	but we're not machines, we're not robots
1630	C5	Mmm.
1631	C3	and sometimes perhaps it's wrong to see us as not being flawed, 'cause we are flawed and maybe
1632		it's wrong for them to just expect us to dance all the time
1633	C2	Mmm.
1634	C3	to their tune.
1635	C2	Yeah to me I think I pretty much ditto that, values are something that change and are shaped by
1636		your experiences and very closely tied in with morality and, and humanistic values I think, erm,
1637		ethics, I think all the way through this discussion it feels tied up with rules in my mind, rules which
1638		inevitably I will break at some point in my career and I hope that the bodies just grant the space to
1639		let you explain, let me explain how my values led me to do that.
1640	C3	Mmmhmm.
1641	C2	So I think I'll be quite value driven, and try and abide by the ethical codes of which ever body I'm
1642		working with at the time.
1643	C5	Mmm.
1644	C3	Mmm.
1645	C5	The message we're getting from people is that it's going to be a conflict, between ethics and values,
1646		it's a constant battle
1647	C4	[Yeah.]
1648	C5	[trying a] balance act, trying to fit them together, and sometimes they will and sometimes they
1649		won't and
1650	C3	But will it be a constant battle or just a occasional one that will happen? That for the majority they
1651		kind of run side by side
1652	C5	Yeah.
1653	C2	Mmm.
1654	C5	[Yeah, well there could be, yeah, there could be]
1655	C3	[but occasionally but occasionally there could be] conflict
1656	C5	Yeah.
1657	C4	And I guess for me it's a process I suppose, erm, of how they overlap and how they shape my erm,
1658		my way of thinking about my values and erm ethics in relation to the course.
1659	C1	I mean I don't really have much to add apart from that I think the important thing for me seems that
1660		I think through my actions, which are based on values and ethics, or one of the two, and am able to
1661		justify them, I think that's what's important, for me. I know it's not answering the question but
1662	MOD	And what would you use to justify them?

1663	C1	Erm, well, what do you mean? <Laughs>
1664	MOD	Well you said you, it's important, quite important that you justify them, so
1665	C1	By my thinking, you know I mean obviously I have reasons behind why I might do whatever I do with
1666		a client, I mean it's very, it's not something specific but
1667	MOD	And those reasons are based on?
1668	C1	Was, err, values and ethics, but obviously, I'm just saying, oh god, you've confused me with your
1669		questions, erm, I actually don't know
1670		[<Laughter>]
1671	C1	[I actually don't know.]
1672	C2	[that's the concluding statement]
1673	MOD	[I'm just wondering], I'm just wondering what you would be drawing on to give justification for what
1674		you did?
1675	C5	Her values?
1676	C1	Well my values and my, and my ethi- well the kind of ethics that I like to abide by
1677	MOD	And what do they draw on? What forms them?
1678	C1	Life experience
1679	MOD	Okay.
1680	C1	erm mostly, and then obviously we have these guidelines and rules which help guide us.
1681	MOD	Okay.
1682	C3	So it kind of sounds as though, sorry I just, I just want to
1683		[<Laughter>]
1684	MOD	[Yeah, yeah.]
1685	C3	[get the last word in.]
1686	C2	[Just want to be the last edit don't you? <Laughs>]
1687	C3	[Absolutely], so it sounds as though regarding the values which we have, that they're quite organic,
1688		that they will just develop and grow with the ethics they're forced upon us. <Clicks fingers> Go.
1689		<Laughter>
1690	MOD	Okay thanks.

Appendix D – Transcript D

1	MOD	What do the terms values and ethics mean to you in relation to counselling psychology?
2	D5	<Laughs> Yeah, actually, I'm going to say it, that, I'm not really sure I understand the word values, I
3		mean I know I think I understand the word ethics but the word value doesn't really, seems for me to
4		unders- to be undst- understandable, erm, I did try to look in the dictionary, I thought maybe it's a
5		fff, you know bilingual things but it still doesn't really make sense, so before we kind of try to talk
6		about this or discuss this, can you share with me what you really understand by values? Is it
7		something that more social or more inner, is it, how it's relate to morals, or what's the difference
8		because I'm not really, I mean on the internet it says like three different things, moral, values, and
9		ethics, so I do understand morals, I do understand ethics, values still stayed for me a bit separately,
10		not really
11	D2	Mmm.
12	D5	I can't even find err now like in my language to be honest and I did really tried my best before I
13		came here and I, and I couldn't, so yeah maybe it's might be interesting to, for me to understand as
14		well, and afterwards look how I apply this if I understand I apply it somewhere or how it's been
15		transformed.
16	D4	I think for me erm values and morals I see as similar, for me morals has something of a erm religious
17		aspect to it but not necessarily I think that's just because erm you know within a religious context
18		talking about morals but values I would say for me are about erm what I, they're inner as well, v-
19		what I value in erm, err in how I am as a person, erm how I conduct myself according to those
20		values, erm whether I value err being kind to others, or friendship, then they will inform how I act
21	D5	Okay.
22	D4	to other people
23	D5	Mmm.
24	D4	erm, yeah, that's one
25	D2	I was, I was I was gonna say I suppose from my perspective, quite similar, but also about, I suppose,
26		I, as you was talking I was thinking, I suppose for me it's about beliefs in, my belief system in the
27		way, ways of being, and that encompasses I suppose various social and cultural
28	D5	Mmm.
29	D2	erm elements
30	D5	This was my question.
31	D2	erm, and, and, and that be, from a micro to a macro level in terms of cultural and social as well erm
32		so I suppose value-systems around, within the family and extended I suppose
33	D5	So what
34	D2	myself, yeah
35	D5	So what's the difference here between morals and values? 'Cause morals are also quite cultural isn't
36		it?
37	D2	Yes they can be but I think for m- yes I think, I think they are but I, I suppose I, do I or don't I? I think
38		I perceive morals as having a more religious connotation associated with it, not to say that they're
39		not social erm but I suppose my belief is
40	D5	[Mmm.]
41	D2	[that] those social codes if you like, no those moral codes that perhaps are religious actually come
42		out of what we, I say we very generally, erm perceive as acceptable within society, if that makes

43		sense. I suppose I don't really hold particular religious beliefs so I struggle a bit with it
44	D5	Mmm.
45	D2	erm and I believe that morals are fairly controlling, erm, yeah.
46	D5	So are you saying that va- values is something that's coming from inner, something we develop
47		within the family, something maybe unspoken more, while morals are more
48	D3	I think for me it is very similar, like you both were saying, with the, the values and the morals, family
49		values to me is, is a little bit about my upbringing and erm, and the road I was allowed to follow, so
50		to speak, erm something about control, erm something about being brought up with manners,
51		please, thank you, that sort of thing, and that's the morals as well, they're not so much religious but
52		they are rules
53	D5	Okay.
54	D2	[Mmm.]
55	D3	[erm] that I suppose I follow to a degree but my values are quite inner
56	D5	Okay.
57	D3	yeah, they are quite inner, but they do involve people around me, of what I will and I won't accept I
58		suppose as well, from others
59	D2	So would you say that your, so your values are more inner and your, the morals are [more external?]
60	D3	[Maybe more outer], more external yeah.
61	D2	That's interesting
62	D5	Mmm.
63	D3	Yeah.
64	D5	Mmm.
65	D2	So you haven't assimilated those in the same, right okay.
66	D3	Mmm.
67	MOD	And ethics in there?
68	D2	Ethics.
69	D5	I mean as soon as I understand ethics it's something that's socially constructed, so it's not
70		something we grow up with, it's kind of a particular community makes a set of rules, you know to do
71		something, medical ethics, or psychological ethics, you know to provide any kind of help or work,
72		whatever you call it, so it's very, it's like written rules exactly for this particular community
73	D3	For safety.
74	D5	Perhaps for safe-
75	D3	[Mmm.]
76	D5	[I mean I'm] sure they've got their own reasons why it's appear to be
77	D3	Mmm.
78	D5	I'm not there, I don't know really why but it sounds for me like something they put on me, and if I'm
79		with this professional community I need to know a bit more you know unless I have to be aware
80		they exist, but it's, doesn't really some- seems for me like ethics is something that I grew up with. I
81		think what you were talking about morals and values
82	D3	[Mmm.]
83	D5	[it's more] in terms of cultural and inner thi- things and ethics are, definitely comes when you've
84		become more professional.
85	D2	So they're not socially constr- it's interesting 'cause that, that you see ethics as more socially
86		constructed whereas morals and values perhaps aren't, 'cause I would, for me, they're all socially
87		constructed.

88	D5	I think as soon as I understand values right now after all, everything you've said, thanks a lot, I think
89		values and morals are more, I mean they're all in a way socially constructed but they're coming
90		more not from the professional
91	D2	Sure.
92	D4	[Mmm.]
93	D5	[part]
94	D3	From the person.
95	D5	if I make sense.
96	D3	Mmm.
97	D4	And I see ethics as erm the translation of values
98	D2	[Yeah.]
99	D4	[in a] way, so
100	D5	Mmm.
101	D4	there's values about do no harm
102	D2	[Mmm.]
103	D5	[so] the ethics is how to follow through that value
104	D3	Mmm.
105	D4	how to, so morals are rules, could be seen as rules but then ethics is the actual trying to erm protect
106		those values.
107	D2	Mmm.
108	D5	Mmm.
109	D3	So maintain safety again in a way
110	D4	Mmm.
111	D3	whether it's self protection or protection of others.
112	D2	It's to protect and promote those values isn't it?
113	D3	[Mmm, yeah.]
114	D4	[And promote, yeah that's true.]
115	D5	So what if ethics [and values doesn't, doesn't fit?]
116	D3	[()]
117	D2	Say that again.
118	D5	What if ethics and values doesn't fit, doesn't match each other, is it possible? I mean I'm talking
119		generally right now.
120	D4	Well I guess that's a, I see it as an, two values that clash
121	D2	[Mmm.]
122	D4	[potentially] clash is an
123	D3	[Mmm.]
124	D4	[ethical dilemma]
125	D5	[Ah okay.]
126	D4	[so], erm, you know a, an ethical dilemma is both c- both, I guess values and morals about rules,
127		what's right and wrong, so you have two values that are both, have value, they're both, err, can be
128		good, erm and then a dilemma is, they come together and they're somehow in conflict
129	D2	Mmm.
130	D4	so which one should rule over the other, they both have value
131	D2	[Mmm.]
132	D4	[so] how can you resolve it with it not, without erm compromising or diminishing one of the values?

133	D5	This is when ethics helps, this is what you mean?
134	D3	Well sometimes it I don't think it does help does it
135	D4	[Yeah.]
136	D3	[because] you have that ethical dilemma, so it's which way to go and that's the
137	D4	[Mmm.]
138	D3	[hard], that's the hard part I think.
139	D5	Mmmhmm, mmmhmm. Okay so we're applying this from a profession called counselling
140		psychology, how it works there <Laughs> this is the question.
141	D3	Well I think, I think all professions have to have an ethical framework, an ethical code, erm to
142		protect self and others where, wherever you work and I think in all professions there are ethical
143		codes, I think that's what partly makes a profession
144	D4	[Mmm.]
145	D5	[Mmm.]
146	D3	erm, and so for counselling psychology of course we're working with people, so we have to be able
147		to protect them and protect ourselves, erm because it's very easy to slip through those boundaries
148		and, and get pulled.
149	D5	Which boundaries?
150	D3	Any boundaries
151	D5	Ooh.
152		<Laughter>
153	D4	So
154	D2	That sounds interesting.
155		<Laughter>
156	D5	No I just like the word boundaries, is it not ethics it is boundaries?
157	D3	Well a lot of the time
158	D4	[Mmm.]
159	D3	[it could] be said, yeah, yeah, it is a boundary isn't it?
160	D5	Yeah.
161	D3	Mmm.
162	D5	So do we need to stay within this, a boundary?
163	D4	[Depends if you]
164	D5	[I, I'm questioning], I'm not
165		<Laughter>
166	D4	Hmm.
167	D5	I mean I think when I ask how values and ethics fit each other, what I mean is that
168	D3	[You said]
169	D5	[what if], what if ethical profession sometime doesn't really
170	D2	Mmm.
171	D5	I cannot apply them to the way I work or, how do you say that correct, erm my values for example
172		are different
173	D3	So do they conflict?
174	D5	Exactly
175	D3	[Mmm]
176	D4	[I see.]
177	D5	[and they] conflict so what's, what's there, and you said that ethics in a way comes from values, and

178		I'm thinking, not really, sometimes I can have completely different understanding of values than
179		what professional community applies [you know.]
180	D3	[Mmm.]
181	D2	But [ethics are with the]
182	D5	[So what in this case] I'm unethical? I become very quickly unethical?
183	D2	Well that sounds as if you have your own ethics and
184	D5	Mmm.
185	D2	and then there are the professional ethics as well.
186	D3	Yeah, I think there are aren't there, personal ethics [and professional ethics, mmm.]
187	D2	[Yeah I think I have personal ethics but perhaps] they're called values.
188	D4	Mmm.
189	D5	[<Laughs>]
190	D3	[<Laughs>]
191	D2	[Ways that I wouldn't, I would hope not to], you know things I would hope not to transgress when
192		being with people
193	D3	Mmm.
194	D2	within the counselling psychology arena that would be with clien- being with clients, erm and peers
195	D3	Mmm.
196	D2	actually.
197	MOD	So it sounded like what you were saying was that values were perhaps a slightly more abstract
198		notion, and then ethics were something kind of performative of those values, and I'm wondering if
199		that still kind of holds for what you're saying, so you could have personal values and you could have,
200		personal ethics would be almost the enactment of those personal values, something like that
201	D2	Something about enactment
202	D3	[Mmm.]
203	D2	[I think], or not depending on, you know, actually yeah, it, it might be about enacting, or not
204		because that might be part of the ethic, that you don't [enact.]
205	D4	[Which is still an act], still an action
206	D2	[err yeah]
207	D4	[chooses] not to do something [is]
208	D2	[Yes], as opposed, [yes, yes, yes.]
209	D5	[Mmm.]
210	MOD	[Mmm.]
211	D3	[Mmm, mmm.]
212	D2	Yes.
213	D4	I was, I was curious, the idea of professional ethics and then personal ethics, when you said that
214		could you think of erm
215	D2	An example.
216	D4	example of when they've clashed maybe?
217	D2	Erm
218	D5	Are you looking for personal example because I can
219	D4	[Oh okay.]
220	D5	[I can] come up with example from books, I can't come up with personal example.
221	MOD	An example from?
222	D5	From books, you know

223	MOD	[Oh.]
224	D5	[from], from some kind of therapeutic books, I mean for example we know that some therapists
225		took their clients for a beer for example, and definitely it's against ethics
226	D3	[Like Freud did, mmm.]
227	D5	[which we have, which we] have right now, you know in the ethics code, so what, what about this
228		kind of situations? Which, I mean perhaps the value of that particular therapist was that it's fine,
229	D4	Mmm.
230	D5	you know it's, it's moral, it's okay, why not? Perhaps he even believed that clients would benefit
231		from this you know? I don't think he would do it, or he did it, with intention to harm clients so, but
232		ethically that's not approved.
233	D4	Mmm.
234	D5	This is the question, this is the answer of when they clash isn't it?
235	D4	Mmm, yeah.
236	D2	I sup- yeah, I was thinking about, I was just thinking about m- my identity really as a counselling
237		psychologist and whether I have particular ethics that are associated with being a counselling
238		psychologist, and then I have my o- other ethics that are about being who I am as separate from
239		being a counselling psychologist, and just, I'm, I'm not sure whether I'm answering the question that
240		you asked earlier about, can you give an example, and I suppose thinking about working with a
241		client who had very erm who had very strong religious views around the existence of the devil, and I
242		very strongly don't have a value-system or belief-system around that, erm, and I, in my own
243		personal life I would argue very strongly against that way of being, with, with somebody
244	D5	[Mmmhmm.]
245	D2	[with], with somebody
246	D4	Mmm.
247	D2	erm from a professional ethical basis there was no way that I would do that with, with my, my client,
248		and that felt, that felt, that was an internal conflict
249	D4	Mmm.
250	D2	for me, is that what you're [saying? Is that]
251	D4	[Yeah, and just] you saying that I erm I've had a few clients who have erm talked about the
252		importance of their faith and err, and I've tried to, I've struggled with how to, I don't, I don't have a
253		strong faith but how can I, you know professionally, acting ethically, you know accepting diversity
254		and
255	D2	Mmm.
256	D4	people's erm respecting their
257	D5	Mmm.
258	D4	faith, how can I work with that in the room? Is it, is, is it important erm to, for the work
259	D2	[Mmm.]
260	D4	[to], you know.
261	D2	And even within that there's the questions around, ethically, 'cause I was thinking about, whilst I
262		might argue with it in a personal capacity, outside of the err therapeutic room or in a different sort
263		of encounter, I would still have my personal value around respecting someone's err religious beliefs
264		erm but in the, in the therapeutic setting there's something else in there around to, around
265		potentially that being quite harmful to try to challenge that
266	D4	Mmm.
267	D2	belief system, whether I agree with it or not.

268	D4	Mmm, whereas in a personal context you'd maybe not consider whether it's harmful to challenge it
269		so much because you're not the therapist in a personal context?
270	D2	Possibly, I still think there would be something around tempering that and being cognisant of, of
271		how important that might be for somebody, but there's a, there's a different type of responsibility
272	D4	Mmm.
273	D2	there's a different type of responsibility, there's still responsibility about being with another human
274		being but there is, it's different,
275	D4	Mmm.
276	D2	different quality to it. Gosh. Hmm.
277	D5	So as soon as I understand it, seems like this, this example
278	D2	Mmm.
279	D5	the one you just gave, you've, you prefer to follow ethics, professional ethics with a client than
280		personal values when you're very aware then they're clashing.
281	D2	Erm, I think that, I think there are other, there are other things that I consider within the therapeutic
282		encounter around values, erm, that go in to the mix, I think that poss- that sounds a bit vague, but
283		I'm very much aware of, mmm I don't know, god can I say this, that, that, it's about responsibility I
284		think, and that I have to, perhaps I'm more aware of the fact that's, it's very, mmm I don't know
285		what I'm saying, here because I'm now beginning to question the boundary between the, the client
286		room and, and, and not to be honest with you. It's about responsibility. It's about my responsibility
287		as a counselling psychologist in that room, to another human being that has, has, has sought
288		psychological help, and perhaps is particularly vulnerable, and I'm not saying that people aren't
289		vulnerable outside
290	D5	[Mmm, mmm.]
291	D2	[of the client room] but is particularly vulnerable
292	D4	[And there's a power imbalance perhaps?]
293	D2	[and that I don't know], yes there's the power imbalan- there's the power erm difference and also
294		I'm likely to have those conversations outside of the therapy room with somebody that I know quite
295		well, it isn't something that I would probably discuss with somebody I
296	D5	[Mmm.]
297	D2	[don't know] very well, so I think there is something about res- differences in responsibility there as
298		well. I don't know so much about this person that's in the therapy room with me as I might do
299		somebody who's a, quite a good friend outside of the therapy room.
300	D5	So what kind of difference this makes?
301	D2	Erm perhaps I'm more aware of the vulnerabilities of friends and I'm less likely to be aware of
302		everything that is, not that I know everything that's going on in a friend's life but I'm more aware of,
303		of them holistically if you like, in terms of what they do what their [home life's like.]
304	D5	[So because you're less] aware of your client, who perhaps you see first time, you are more
305		responsible, or you feel like you have to follow some ethics
306	D2	[Yes.]
307	D5	[maybe], oh okay.
308	D4	I wonder whether then as the therapy progresses and the context of the therapy, if it's erm long
309		term and you get to know your client more, whether that opens up opportunity to actually erm
310		speak about different values and to erm
311	D3	Mmm.
312	D4	yeah.

313	D3	When there's a more of a relationship there
314	D2	Mmm.
315	D4	Yeah.
316	D3	a bit more trust.
317	D4	Yeah.
318	D3	Mmm.
319	D2	Except that you still only see them in one particular context which you might not have in a personal
320	D4	Mmm.
321	D2	erm environment, you might see somebody in an, a multitude of contexts, or know them from a
322		multitude of different contexts if that makes sense
323	D3	Mmm.
324	D2	whereas it's always the same context with- within therapeutic relationship
325	D4	Mmm.
326	D3	I suppose it's, it's, again going back to the here and now isn't it, what a client brings up, what they
327		want to talk about, if that is something that came up in a session then I'd talk about it
328	D4	Mmm.
329	D3	erm if it didn't I wouldn't, erm, say religious beliefs or something, erm, and would I talk about mine?
330		I suppose that's
331	D4	[Mmm.]
332	D3	[another] one, another ethical dilemma
333	D2	Mmm.
334	D3	in itself isn't it?
335	D4	Yeah that's, I've
336	D2	[Mmm.]
337	D4	[struggled] with that when I talked about having clients who have faith
338	D3	Mmm.
339	D4	and one in particular I can remember sort of asking you know erm, do you follow religion, and erm, I
340		guess it depends on maybe the approach, therapeutic approach you use, but
341	D3	Mmm.
342	D4	err, I struggled with, what do I do with that? Do I bring in my own values in to the room with a
343		client? Erm
344	D3	Because again it's that power isn't it, that power imbalance. Will they then take on yours more than
345		theirs?
346	D4	Yeah.
347	D3	Erm, mmm.
348	D4	If I say, no I don't
349	D3	Is that
350	D4	does that put difference
351	D3	[Yeah.]
352	D4	[between us], how do we manage that
353	D3	Yeah.
354	D4	erm
355	D3	Is that denigrating theirs
356	D4	[Mmm.]
357	D3	[in a way]

358	D4	Mmm.
359	D3	Mmm.
360	D2	What did you do?
361	D4	In that context, that time, I think I said, no I don't, [no]
362	D2	[And have you had], had a, a situation similar where you've actually been asked the same question
363		by a different client or, and your answer has been different?
364	D4	The person I'm thinking of, that was the last.
365	D2	Mmm.
366	D4	No I haven't, not since
367	D3	I'm just thinking how my own personal therapist erm talking about religion and he's a, he erm, is,
368		well he's from a Buddhist background, he's very atheist, and I think he mentioned that quite early
369		on, erm that was where he, what his stance was, that's was where he sat, erm, and I don't think
370		there was anything from me and my religious beliefs that came in to it, I think that was just
371		something perhaps he, I can't remember how it was said, how he had to put that out there because
372		that would affect perhaps how we worked
373	D4	Mmm.
374	D3	'cause religion is a big thing isn't it, [to a lot of people]
375	D2	[So there's an element of congruence] as well then that [is in there.]
376	D3	[Mmm.]
377	D4	Mmm.
378	MOD	And how did you experience that when he did?
379	D3	How did I experience it?
380	MOD	Mmm.
381	D3	I think in a way I thought, well if I, because I haven't got a particular religious, religious belief myself,
382		I'm perhaps more spiritual than religious if you can say that, erm but I think in a way I did wonder if I
383		did have a religious belief, I wondered how I would feel with him putting his beliefs out there
384	MOD	Mmm.
385	D3	it would've been a clash and perhaps somebody with a strong religious belief would end up not
386		working with such a therapist, maybe.
387	MOD	Mmm.
388	D2	Mmm.
389	MOD	So do you think when you're working seeing clients as a therapist, all of you, you consider the
390		clients, what these two terms might mean to the client, their notions of values and their notions of
391		ethics?
392	D4	I think erm, I had a client who err, he- I realised pretty early on that we had different values of erm,
393		of relationships and of erm the role of men and women in a, in a marriage, erm, so I had to sort of
394		process that, how to, yeah how to respect his, erm, his values about that, which were influenced by
395		his cultural background, erm, that was an interesting client because I think it was also complicated, I
396		had a very strong, to use a psychodynamic term, a psy- a countertransference with him, which trig-
397		triggered my own stuff, erm so it was quite a complicated experience but erm I was aware of, he
398		was also err quite a bit older than me, erm, so there was these differences, and differences erm,
399		yeah how do you, how do you, juggle that?
400	D2	Mmm.
401	D4	Erm, and whether bring it to the room with the client that I have different, different values, but
402		that's okay, you know how can we erm work with that or, I'm just thinking I've got those value-

403		different values but erm not bringing in the room, just trying to understand where he is, erm, yeah, I
404		feel like I'm just
405	MOD	So part of being a counselling psychologist is, involves observing and managing difference in some
406		way.
407	D3	Mmm.
408	D4	Mmm.
409	D2	Mmm.
410	D5	I was thinking, when you asked the question, I was thinking that one of the value perhaps I have,
411		which probably, maybe family value as well, I don't know, is that people are different, full stop. Like
412		on a very profound level, and I think this, this is what really helps me being a counselling
413		psychologist, being in the room with the client, because I've never really thought, I've never really
414		had this clash with my clients in terms of values, or religion beliefs, or any kind of, I mean over three
415		years of my work I've never really experienced this kind of things, you know it's never was there in
416		the room, and I'm thinking why is there, why have I never really had this kind of problems with
417		these differences, and I think it's my personal value that people are different and it's fine, and this is
418		how it is, and you're not judging, you're not trying to rebuild, redo something, it's just the way it is,
419		and then it's, if you really understand this on a very fundamental level, it's really helps in the
420		profession. 'Cause I need to say some, I mean some clients really bring really amazing stories and
421		etc. etc. etc. and sometimes I notice I'm never really in a big surprise let's say, I'm never really in a
422		big shock, in a big surprise, it's in a way always kind of, it's, it's how it is, it's fine, and may- maybe it
423		helps, I'm thinking it really helps me actually quite a lot.
424	MOD	So it sounds like what you're saying is that you feel th- that err observing and respecting difference
425		is almost second nature to you because it's a family value or it's a
426	D5	I think so yeah
427	MOD	personal value that you feel f- fits and sits very congruently
428	D5	[Absolutely.]
429	MOD	[with] something that counselling psychology asks of you.
430	D5	Perhaps yeah, I've never really thought about is it actually really what part of the ethics of
431		counselling psychology that I feel right now
432	MOD	Right.
433	D5	but maybe it is actually, but I think when D4 was saying about his e- you know experience of this
434		man who really, kind of, I was thinking, it's interesting how I've never really had this clash of values
435		with anyone, and I've had also religious people, I'm, I'm very atheistic let's say, I don't really believe
436		in any kind of god there
437	MOD	So you're saying
438	D5	[but this]
439	MOD	[you've seen] difference but
440	D5	but it was fine
441	MOD	but the word clash mean- for you means, like there's not been a
442	D5	It wasn't the issue, it wasn't a problem, for me it was easy let's say to be there, and I think it, this
443		why for client it was easy as well, in this context, yeah, I'm not talking about other issues but in
444		terms of differences, values differences. I'm actually thinking right now for some reason how D4 said
445		that, you know ethics actually comes from values, and professional ethics are quite related to what,
446		the kind of human or personal values, if it's this connection between them, this mean that everyone
447		who's going into this profession should have some common personal values or what? Or how

448		otherwise we are just a professional ethics
449	D3	[Well I think]
450	D5	[if they] already come from personal values do you understand what I mean?
451	D2	[We do]
452	D5	[I'm not very] clear perhaps.
453	D2	We do have a common profession, we do have a common value, in the sense that, erm, perhaps
454		that we, we do believe in, I mean
455	D3	I think there's a, I think it's not so much as a, as a we, I think that each one of us has certain values,
456		and each person in the world has different values, however to work in a profession you need certain
457		boundaries in order f- to protect that profession to protect those people in it and out of it, erm
458		there's something about our own values maybe not getting in the way
459	D5	Not getting in the way?
460	D2	[Mmm.]
461	D3	[not getting in] the way erm because some of our values, well I wouldn't be, say they're dangerous
462		but as, as counselling psychologists I think because perhaps we look, well I'd like to say, and I'm
463		saying we now, but, but that I try and look at my own stuff and that's where personal therapy and
464		supervision comes in to it, erm and perhaps that's why supervision is so important, but I think it's
465		easy to be swayed by people.
466	MOD	So how do you decide do you think, this is a value which I need to erm contain, or bracket off, or sit
467		with and not necessarily bring in a direct way in to the therapy, and then in other circumstances,
468		this is a value that legitimately is okay to enter in to things here? How would you
469	D3	I don't think, I, I don't think sort of in the moment I actually think of, this is a value, I think it's just
470		part of me, my values are a part of me and they don't, it, it's not as if, ooh I have this value, it's, it's
471		sometimes it's looking back and reflecting and thinking, ooh I was actually drawn in there or, or erm,
472		it would've been easy to have gone over time or erm, or rescued that person, erm part of it comes
473		from my own background I think and, and being aware of my own background, and my own values
474		and whether they're, well, good values, good values.
475	D2	But I was just thinking we haven't used the word prejudice at all yet
476	D3	[Yeah.]
477	D2	[but] perhaps that's in the mix there for us
478	D3	[Yeah.]
479	D2	[as well] because
480	D3	and dys- dysfunction [is another]
481	D2	[you know], prejudi- you know we're, we're saying values about everything but perhaps some of it
482		we're actually talking about, it, you could argue is prejudice in some way or other.
483	D3	Mmm.
484	D2	I mean one might, I could, I suppose somebody could, you know say, well sorry perhaps you're
485		prejudiced against faith
486	D4	Mmm.
487	D2	in terms, religious faith.
488	D3	Yeah.
489	D2	Perhaps I am
490	D4	Mmm.
491	D2	although I do try to really respect, I do respect the, the notion that it's needed by some but I think
492		perhaps I also find that quite difficult because of how I perceive, how actions are taken in the name

493		of certain faiths at times, which I find very difficult
494	D3	Mmm.
495	D2	to, to condone, to accept, whatever they, whatever they be, depending on what it is.
496	MOD	I suppose you're getting at maybe what I was asking in that with faith, you've brought up, it seems
497		that that is an area which is earmarked as being particularly value-laden and
498	D2	[Mmm.]
499	MOD	[you've] started off saying something about morals there as well, so that seems decided upon by
500		some of you, if not all of you, as an area that needs to be considered and mediated and you're not
501		quite sure when to let values in and not, and I'm just wondering what governs that process, or how
502		you decide, and what other areas there might be of, okay well this is a legitimate area of value-laden
503		ideas which is okay to be talked about in therapy and this is an area of value-laden ideas which isn't
504		so much, maybe in the same way as faith is, that you've just talked about.
505	D3	I'm, I'm just thinking of erm sexual abuse, if I worked with an abuser
506	D4	Mmm.
507	D3	how comfortable would I feel working with such a person when I have a daughter
508	MOD	Mmm.
509	D3	erm and I think I'd really have to question my own values then and my own emotions, erm, it'd be
510		something that I'd really have to take to supervision, about whether I could even work with
511		somebody who had abused, erm sexually abused, any abuse I suppose, but erm that for me would
512		be really, really, yeah, tugging at my values, erm, yeah I don't know if I'd be able to work with such a
513		person
514	MOD	Mmm.
515	D3	I don't know, I never have, so until I come to that if, then I don't know but I think it would be
516		something that I would really have to work with and think about.
517	D4	I think in the two examples I've already mentioned, erm with the client who had a strong religious
518		faith I was conscious of, how do my values colour how I interpret the role of her faith in her
519		problems and stuff, so if I'm cynical about faith I could've sort of thought erm you know you've got
520		these different things going on but you talk about your faith getting you through and you're in
521		denial or you're, you know
522	D3	Mmm.
523	D4	but then, and then also with erm that, that other client I talk ab- talked about who had, we seemed
524		to have different ideas about err relationships between men and women erm, I was conscious of, if
525		they conflict then me being a therapist I could potentially erm sort of shape the way, the things I say
526		could shape them to my values so erm, yeah diminish her faith rather than sort of also seeing it as
527		something that's err
528	D3	[Important.]
529	D4	[what is it for her]
530	D3	Mmm.
531	D4	and supporting it, or not supporting necessarily but just erm not letting my values about faith erm
532		shape how I, shape my interventions, shape how I am with her, erm, sort of colonising her,
533		colonising her values with my values, erm, so that's a difficult one when you, know work, with erm
534		sex offenders or whatever, where's the line, you know the sort of personal values and societal
535		values? And I think there's, there's probably certain behaviours or things that erm, my, my idea is
536		that maybe more people share erm a personal value of an abhorrence of err sexual abuse erm, but
537		how do you err, but someone needs to work with

538	D2	Mmm.
539	D4	different people with, sexual abuse [or whatever.]
540	D5	[I work actually] with sexual abuse
541	D4	Yeah.
542	D5	Yeah.
543	D4	So [what do you do with your values?]
544	D5	[Yeah, with, with the] client's like this. Err I, I haven't really questioned these things. Interestingly I
545		haven't really questioned, do I really wanna work with this person or not, do I really think, I mean,
546		let's put it this way, I know I'm not a court there
547	D3	You're not a?
548	D5	A court, I'm not in a court, I'm not a judge there
549	MOD	A court.
550	D5	Yeah.
551	MOD	Oh.
552	D5	I'm in a different role, erm I choose a different profession, I'm not there to explain or to see, it's
553		right, it's wrong, this is not my duty and it's not what I wanna do in this world, you know, in front of
554		me is a person with his own, you know, understanding, his own problems, his own issues etc. etc.
555		etc. whatever is there, and I don't really question, do I like it or not, this is not why I'm there, I need
556		to say I found it very difficult to work here because of these countertransference feelings etc. etc.
557		but
558	D4	Mmm.
559	D5	this is not question of values or ethics.
560	D2	What was it then, your countertransference?
561	D5	We'd better not go there
562	MOD	[<Laughs>]
563	D5	[because], no because it is very difficult, I need to say it's, it's present work and it's very difficult and
564		my supervisor is doing her best to help me with this
565	D3	Mmm.
566	D5	but it's not a question of
567	D2	[It's not about values]
568	D5	[values], no not at all.
569	D4	See I see it as erm
570	D5	It's not about values.
571	D4	Mmm, I think I've, there's just been a bit of a shift for me with erm being very accepting of
572		everyone, I'm, I think now in my work I'm trying to allow myself to acknowledge my feelings of hate
573		and erm disgust and
574	D3	Mmm.
575	D5	[Mmm.]
576	D4	[erm] to then say okay that's what I feel, this person, that's my reaction to that person and what can
577		I,
578	D5	Do with this.
579	D4	what, what can I do with that, erm.
580	MOD	I'm interested 'cause it sounds like the position you've just sketched out there is very relativistic, as
581		if erm
582	D5	Big word [relativistic.]

583		[<Laughter>]
584	MOD	[well as if, as if erm], there's a sort of sense of, well anything goes, it doesn't matter about values to
585		me, I'm not making any kind of judgements at all, so what are you doing then? Where are you
586		working from?
587	D5	You mean in terms of what?
588	MOD	Well I thought what you were saying was, when I sit with somebody I don't sit there and think, erm,
589		I don't necessarily think about how I value their experience or, or make judgements about it
590	D5	Mmmhmm.
591	MOD	and so I'm curious as to what you are doing then?
592	D5	It's exactly what you said right now, I'm not thinking in terms of values or judging. I am working with
593		feelings most of the time but I think I predominantly work psychodynamically, [so]
594	MOD	[But] psychodynamically, okay so if we bring a model in there then, psychodynamically would be
595		erm you'd be working with emotions and giving interpretations, so they have to be
596	D5	[If.]
597	MOD	[guided] by something
598	D5	[If.]
599	MOD	[or] inf- informed by something, otherwise I imagine a very erm agreeable, otherwise I just imagine
600		you would sit there and just agree with whatever they said.
601	D5	No, no but the interpretations is something that's going on between you and your client in this
602		room.
603	MOD	So what informs that if it's, if it's not a judgement of something, of some sort?
604	D5	This informs what's going on between us right now, it's a label of feelings, it's not a judgement of his
605		or her actions, or his or her ideas
606	MOD	How do you decide what to say about their feelings then?
607	D5	How do I decide?
608	MOD	Mmm.
609	D5	I think it's a question of if I experience something hidden there, which is, which is not explicit yet
610		and I feel that it's right moment to bring into the room, because client perhaps might be ready for
611		hear this, I might bring it as an intervention or as interpretation, if I feel the client is not ready, for
612		different reasons you know, I'm not gonna do it, I keep this in my mind, I can bring it to therapy and
613		think about this, I can bring it thera- thera- and supervision and never bring it with the client, for
614		example because of the end is of session, I would definitely, no way I gonna, not gonna go there
615		[etc. etc.]
616	MOD	[See that to me sounds like you've made] a string of judgement calls. I have judged that this person
617		perhaps has a hidden feeling, I've judged that it may be useful for them to hear what I think this
618		hidden feeling is, I've judged that we have a particular amount of time therefore I may not say it
619		because we haven't got time to, so sounds to me like you're making a, many, many decisions there,
620		based on
621	D5	Mmm.
622	MOD	what's going on
623	D5	Mmm.
624	MOD	based on
625	D5	Yeah .
626	MOD	[by the sounds of things you're working psychodynamically.]
627	D5	[definitely I'm not sure judged is] the right word here but

628	MOD	[Okay.]
629	D5	[decisions] are definitely there, yeah.
630	D4	Which I guess that brings up everything could be values in a way of, any decision, seems like from
631		what you're saying it can be a sort of, every decision we make is a weighing up of different things
632		and so there's a err implicit value in, in each decision we make, kind of
633	D5	Oh it is there
634	D4	Mmm.
635	D5	or otherwise how we make decisions?
636	D4	Mmm.
637	D5	We need to base it on something, explicit or implicitly but we still base it on something.
638	D3	But what is it based on?
639	D5	This is a good question. Experience, theory, knowledge, I don't know, personal values, professional
640		values.
641	D3	So it is based on some values.
642	D5	I mean how otherwise do you make decisions? I mean
643	D3	Mmm, I think that's what you were saying wasn't it
644	D5	or wishes perhaps, you know it's a question of, do you want coffee or tea? You know what you
645		want, coffee or tea isn't it? Because you do like something, how do you know this, because of your
646		experience, because you've tried both of them, I mean I know it's, I'm saying this very primitive way
647		but it is, I mean you've learned something through your experience, you know what you like, I like
648		coffee more than tea, so it's easy for me to make these decisions, with client it's not because I
649		haven't, I don't know this person for long time, so I base it on what's going on right now between
650		him and, or her, and me, and I'm definitely not gonna apply this to whole his or her life because I
651		have no idea, it's just this particular moment, and probably this characterisation really saved me in a
652		way, it's a kind of secure base for me you know, but I cannot work differently, I cannot think or
653		pretend that I know something about this person, I have no idea.
654	MOD	But in the example you just gave, the knowledge you were drawing on was coming from a
655		psychodynamic model, sounded like, 'cause you were t- in terms of hidden feelings and working
656		with emotions and deciding how much insight perhaps you wanted to try and encourage.
657	D5	Yeah, yeah, yeah I think so yeah, but I'm quite, I think I'm very aware of the fact that I am working
658		predominant psychodynamically, or I think I work predominantly, or maybe I would like, I never
659		know how to put it right away but yeah.
660	D2	So there's a value there in itself isn't there
661	D3	Mmm.
662	D2	that actually that is the most err f- for that client or, that may be the way that you work
663		predominantly with most of your clients I don't know, but that, that there's a, a value there, that
664		that is the, the more, perhaps the most helpful err model
665	D5	Mmm .
666	D3	[Sits ()]
667	D2	[as you perceive]
668	D3	Mmm.
669	D2	for
670	D5	[Mmm.]
671	D2	[that] client or, or whatever.
672	D5	I don't know it's more helpful or not

673	D2	[But you chose to work like that]
674	D5	[I feel that it's what] suits me more
675	D2	Yes, [so]
676	D5	[this is different.]
677	D2	Okay.
678	D5	I'm just not sure I'm able to provide any other model let's say, because it doesn't, it doesn't suits
679		me, it doesn't feel right for me.
680	MOD	So you're not necessarily fitting it to the client it's more this is what I have to offer.
681	D5	Yeah, perhaps yes, let's be honest yeah, and this is why sometimes perhaps clients you know
682		doesn't stay with you for a long time 'cause it's not what they want and it's, it's fine as well, it's fair
683		enough
684	MOD	Mmm.
685	D4	Mmm.
686	D5	and if me as a client, I, I mean I took my time to choose therapist for me
687	MOD	Mmm.
688	D5	which I felt was good for me, you know was right, so, but I think playing game that I can do different
689		things, which I, I can't really, it's not fair as well you know? I can offer what I can offer and I'm not
690		gonna jump over my head.
691	D4	Yeah I guess I find that, you talked about it, where tensions are, I think a tension for me is erm, you
692		know we're supposed to, acting ethically, provide the most appropriate erm therapy for a particular
693		client in that context, erm, but I can relate to that a bit as well I think I don't, I don't feel competent
694		in a number of approaches even though I've been taught here a number of approaches but, and
695		maybe that's erm, yeah, erm, but, so there's something about choosing approaches based on what
696		appeals to me or what I value, what I can relate to, my own, what as a person I relate to, which
697		approach, more in a b- err in a better way, and then also the context of the, of the placements that
698		I'm at so erm, you know I'm in psychodynamic supervision and the contracts of the particular
699		placement are supposed to be a year long, erm, so my work tends to be psychodynamic <Laughs>
700	D5	<Laughs>
701	MOD	I think you, [you've kind of just]
702	D4	[so it's not really] being ethical in a professional sense, not taking what's the most appropriate for
703		that particular person, but then there's an argument about, is it really that one approach is the best
704		for a particular problem? Erm
705	D5	Yeah we don't know yet
706	D4	Yeah.
707	D5	I mean
708	D2	But also there's a question, I mean I'm just thinking particularly about psychodynamic work that,
709		about whether the client actually can withstand that type of [therapy]
710	D4	[Mmm.]
711	D5	Not every.
712	D2	and therefore perhaps is there an ethical consideration to refer on?
713	D3	[Mmm.]
714	D4	[Mmm.]
715	D2	You know, if our method, you know the way we want to work is specifically psychodynamic or that's
716		where we're, that's, that's what that particular agency erm only offers
717	D4	Yeah.

718	D2	erm then do we have a, an ethical responsibility to refer on?
719	D4	Mmm.
720	MOD	I think you, what you're starting to touch on is what I was gonna ask next which was, how do you
721		think your training and your practice experiences have shaped your views on values and ethics? You
722		mentioned being taught and now I feel like you're talking a bit about context and practice
723	D2	Mmm.
724	D4	Mmm.
725	MOD	so I'm wondering how you think those two components, your training experiences, how have they
726		shaped your views on values and ethics do you think?
727	D3	Do you know I don't think my training experience, in CBT here, erm really shaped me working in a s-
728		in a cognitive way, I think that was something I learnt in my placement, erm, because it's in
729		substance misuse and, and so it's, it's working sort of a lot with the goal of what that person wants
730		to achieve and the triggers, erm so I think I learned more in the placement than I did here, erm,
731		within, within the uni, erm because I don't think at the time that our teaching was partic-
732		ularly great, erm, so there it was, it was more working in that placement over time and yeah
733		learning, learning myself, updating through books, whatever, erm and being with that client and
734		working with that client but it didn't come in, the training here didn't particularly come in to that,
735		for CBT in itself anyway.
736	MOD	What about others, how do you think these two terms or notions have been dealt with on your
737		course, or training, values and ethics?
738	D4	Well I guess it's sort of been erm at different times, counselling psychology you've been taught that
739		it's erm, values the person of the client erm, it values being erm, taking a critical stance to using
740		labels, erm which come from medical ideas, erm, and valuing, yeah valuing diversity and erm, that
741		each person's different, valuing difference so, which is the whole idea of why we're taught a number
742		of approaches and erm, yeah.
743	D2	I was, I was going to say that I find that quite a difficult a question to answer really erm because I
744		have an a- I have an awareness that there have been periods where it's been very specifically
745		focused on, erm perhaps it was issues of professional practice where there was a lot of talking
746		within a module around issues of diversity erm and it was, there was a real, and ethics and
747		confidentiality and all of those sorts of things, erm and it was very, very focused on that, and then,
748		and so very, very explicit for us to think about, and then there are other times when it's felt more,
749		that I've assimilated
750	D3	Mmm.
751	D2	and integrated things that have been far more, you know values and ethics around counselling
752		psychology from lots of different, lots of different places, which are harder for me to, to grasp if that
753		makes sense, in the sense of where that actually comes from
754	D4	Mmm.
755	D2	specifically. I have a notion that d- also depends upon given lecturers as well, erm and their
756		emphasis and what those are but I think that one of the things that has really brought this in to
757		sharp focus for me has been the integrative model module actually, because it's thrown so much up
758		in the air
759	D3	Mmm.
760	D2	and made me think so much about how to work with three models, and how I do it, and do I do it,
761		you know all of, all of those sorts of things, and I guess that's probably another steep learning curve
762		that's been there for me, which encompasses this idea of values, identity, ethics, erm it's almost like

763		on a different, like if I were to visualise it, it's almost
764	D3	Another step?
765	D2	another step
766	D3	Mmm.
767	D2	yes.
768	D3	Mmm.
769	D2	and I don't know why that module specifically would've done that but it, it seems to have done, and
770		whether that's
771	D3	It, it
772	D2	almost [serendipitous I don't know.]
773	D3	[brought it together in a] way I think for me as well
774	D2	Same thing.
775	D3	Yeah, yeah, it, it brought all the strands together and yes it threw it up in the air but also when they
776		settled they seemed to set in to bigger clumps of where I was, or where I want to be, how I want to
777		work I suppose, in a way
778	D4	Mmm.
779	D3	<Laughs> I suppose that's like we were saying earlier about sort of, you know a difference between
780		clinical and counselling psychologists, what do we say when we go for to an interview? Erm, well,
781		what is a counselling psychologist? Erm, it's that uncertainty and that's what we always have with
782		our clients.
783	D5	Mmm.
784	D2	It, it feels as if, and this may, it's not completely correct but it feels as if within that, that module I'm
785		ha- I am consciously having to make more decisions about where I want to place myself.
786	D3	Mmm.
787	D4	Mmm.
788	D2	I know it's been talked about before but it's almost been received knowledge more
789	D3	Mmm.
790	D2	than actually
791	D4	[having, yeah.]
792	D2	[having] to decide, there's something about, okay
793	D4	Mmm.
794	D2	where are you putting yourself?
795	D3	(It is a bit like that), [mmm.]
796	D4	[I think it's]
797	D5	It's a question of responsibility for you [again isn't it?]
798	D2	[Yeah, yeah of course], it always is.
799	MOD	It's what?
800	D5	It's a question of responsibility
801	D2	It is.
802	D5	what you were talking
803	D2	Yeah.
804	D5	[in the beginning]
805	MOD	[Question of] possibility?
806	D2	[Responsibility]
807	D3	[Responsibility]

808	D4	[Responsibility]
809	D5	[Responsibility]
810	MOD	Of responsibility, sorry.
811	D2	Yes, I'm a bit of rock
812		[<Laughter>]
813	D2	[with responsibility running through, I mean it does feel a bit like that but I], but it, it is about that
814		it's
815	D4	[Yeah.]
816	D2	[about] where are you now.
817	D3	Mmm.
818	D4	I think, yeah something about being a trainee, you know having to do the case study and process
819		reports and stuff, having to think, okay I am a professional counselling psychologist, I consider these
820		different things before I see a client and I make these various professional ethical err theor- err
821		theoretical decisions, erm, but the reality has been during my, my experience of placements is I'm a
822		trainee and I sort of have been, worked within the confines of the different placements in terms of
823		length of work, who they see, erm approaches supervised and that kind of thing, erm, and, yeah I
824		guess I see it as well as now getting to a point of having to think, okay I'm, I wanna be an adult now
825		<Laughter>
826	D4	I need to, this is how I work, this is what I do, this is what I believe, ethically with clients,
827		theoretically, erm, so that's quite a challenge.
828	D2	Mmm.
829	MOD	When you, you said I'm gonna be an adult now.
830	D4	Yeah.
831		<Laughter>
832	MOD	So previously
833	D4	I guess I see it as an, a, a bec- a becoming of an adult in, of sorts, erm a trainee to erm not just being
834		received knowledge but sort of, what do I th-
835	D2	Mmm.
836	D3	Where's your [stance?]
837	D5	[Yeah conta- contain .]
838	D4	[where is my stance on this?] Rather than, you know, rather than answering questions about, about
839		my work as, well I've been taught this and that, erm
840	MOD	So are you pitching the university as the parent there?
841	D4	[Yeah.]
842	MOD	[in some way], you are.
843	D4	And so now with the interpret, with the integrative, erm, actually sort of saying, okay the, the values
844		of the course is that we're, we can work diversely, sort of different approaches but my journey has,
845		has my journey really been like that? It's time for me to own up to that. Do I work in advance with
846		clients or is it sort of more making sense afterwards?
847	D2	Mmm.
848	D4	Erm, and then the contradiction, the modernist idea of erm, of unis, of, you know I work in a certain
849		way, I, I plan it in, in ahead rather than erm it sort of evolves and erm I make sense of it afterwards.
850	MOD	To go back to what you said about, thinking about how you would explain your, I guess I'm just using
851		this as a tool 'cause I think it might open it up a little bit more, but how you would explain your
852		position, for want of a better word, as a counselling psychologist, perhaps using clinical psychology

853		as a, erm, something to contrast against
854	D2	[Mmm.]
855	MOD	[or] to compare against, I mean what do you think, in terms of these terms values and ethics, they
856		mean in terms of counselling psychology and being a counselling psychologist?
857	D3	I think it's, I think it's dealing with uncertainty maybe, erm, and actually that's okay, it's okay to be
858		uncertain, it's not erm that we have to follow, again the medical model, which is quite concrete, but
859		we can actually be in that uncertainty and be okay erm with that client, and both wrestle with what
860		is going on in the moment, working in the moment, in the here and now, erm rather than to a script,
861		which I, maybe I imagine that's what clinical psychologists do more, is working to a script of, this is
862		what we shall do, this is the aim at the end, the goal at the end, whereas sometimes with a client in
863		a room it's actually sitting with that uncertainty and not saying, you need to do this, you need to do
864		that, erm, it's not looking at the erm DSM and saying, you are this, it's actually what's, what's
865		happening now, what's going on now?
866	D4	And I think it's something about as well, that as counselling psychologists we're supposed to be
867		more aware of ourself and our reactions to the client and what relationship is happening between
868		us, erm, but I think, talking about clinical and counselling, I know that I can be erm guilty of err sort
869		of holding on to those labels of, oh this is, this is what we do, counselling psychologists do, and
870		that's much better than clinical psychologists who don't do that, and I was talking to someone about
871		it and she said she knows a friend on a clinical course at one uni and they're actually quite erm,
872		there's quite a sort of a, a critiquing element to their programme so, so I can sort of hold on to these
873		labels of what it means to be a clinical psychologist or counselling psychologist but then I know in
874		discussions with other people erm at, at this uni of erm, who you know when they've done different
875		interviews at different uni's and the counselling psychologists on those programmes have different
876		emphasises of what it means to be a counselling psychologist
877	D3	[Mmm.]
878	D5	[Mmm.]
879	D4	[and I think that's the same] for clinical
880	D2	[Mmm.]
881	D4	[so], erm, err
882	MOD	So do you think there has been a critiquing element of your course?
883	D4	In our course? Erm, yeah, there's certainly a, not a, there's an opening, there's an opening up
884		emphasis rather than sort of, this is how it's done, kind of, say for example in the research
885		component, erm, it's been frustrating at times sort of wanting a bit of guidance or err, my
886		experience has been with different lecturers, has been just when you're sort of thinking, okay this is
887		what I wanna do, they sort of come in with different things to throw it up to sort of question and to
888		get different ideas so, but then that's another aspect, well I guess that is part of counselling
889		psychology, we've been talking a lot about practice, but as psy- the psychology part of it, we are
890		supposed to be
891	D2	Mmm.
892	D4	erm, have a research focus and to value, to value theory and research in that way so erm, yeah
893		that's something I'm conscious we haven't spoken about much.
894	D2	Mmm.
895	D4	We talk about practice in terms of with our clients but erm, the research I see it as what we're
896		supposed to use as a way of defining ourselves as different from psychotherapists but then having
897		said that psychotherapists, you know there's, there's research programmes, theses and stuff so all

898		these definitions
899	D2	[Mmm.]
900	D3	[Mmm.]
901	D4	[erm]
902	D5	Mmm.
903	D4	are quite, maybe it's all about job markets and erm sort of Marxist, capitalist sort of ideas about
904		different groups defining themselves to erm, with the growing <Laughs> I don't know I'm sort of
905	D5	<Laughs>
906	D4	going on and on, erm
907	D2	Well there were definitely people within the research literature that would argue that
908	D4	Mmm.
909	D2	stance isn't it but that's what our, not just us as counselling psychologists, but that's what the
910		profession, if you like, of therapists is, is doing
911	D4	Mmm.
912	D2	it's exactly that.
913	D4	Mmm.
914	D5	Exactly what?
915	D2	Well just perpetuating on creating you know work for ourselves.
916	D3	Mmm.
917	D4	And sort of diversifying what we offer
918	D2	Mmm.
919	D4	I'm a counselling psychologist and I can offer this and
920	D5	Can you?
921	D4	That's the thing, erm
922	MOD	So what do you think about that research component to being a counselling psychologist and what
923		you were saying about uncertainty or being okay with not really knowing?
924	D3	Well I suppose it's being okay with not really knowing in the room, however, as counselling
925		psychologists we have to have a background of knowledge, erm and being able to erm bring that
926		knowledge, well not even bring that knowledge, but have an awareness of that knowledge, erm,
927		that could work with that client, but until we start working with that client we don't know but have
928		to have that background knowledge, we have to have a grounding I suppose, a knowledge base,
929		quite a big knowledge base, a large knowledge base.
930	D2	It's an uneasy marriage really isn't it?
931	MOD	Mmm.
932	D3	[Yes, yeah.]
933	D2	[I just think about that], I've suddenly realised it is actually quite an uneasy marriage
934	D3	Mmm.
935	D2	and it's no surprise that, that we come across counselling psychologists within our own peer group
936		and who are already qualified who very much, I don't wanna do research, I don't wanna do
937		research, and, and others who are quite research focused
938	D3	Mmm.
939	D4	Mmm.
940	D2	and erm
941	D5	<Laughs>
942	D2	<Laughs> it's, it is quite an uneasy

943	D3	[Mmm.]
944	D2	[marriage] isn't it, in the sense that, sitting with the, if you're talking about tensions and conflicts,
945		and err, I remember being told in the first year that I was here that, you know, you're a psychologist
946		first and a counsellor second, that you are a psychologist who counsels
947	D4	[Mmm.]
948	D5	[What] does this mean?
949	D3	[Mmm.]
950	D2	[Well] what does that mean?
951	D3	Mmm.
952	D2	Exactly, but actually [therein]
953	MOD	[Well what] did you take that as meaning?
954	D2	I understood that to m- I understood that to mean that, well exactly, I, I understood
955	MOD	[Mmm.]
956	D2	[that] to mean, and it stayed with me for s- for a number of years, clearly, that, that I would use my
957		understanding of psychology, which is about generas- generalisability isn't it,
958	D4	Mmm.
959	D2	to counsel individuals,
960	D5	[Mmm, mmm.]
961	D2	[that's an un- that's], that's it in a nutshell and that's, that's an uneasy marriage
962	D3	[Mmm.]
963	D2	[that is], because to hold generalisability to populations of people
964	D4	Mmm.
965	D2	and holding that people are unique and different in the other hand
966	D4	Yeah.
967	D2	and taking those two things into the room is a, is a constant challenge actually
968	D5	It's quite dialectical yeah
969	D2	It is
970	D3	Mmm.
971	D4	Yeah this, this resear- this approach backed by evidence, generalisably will work but then, oh no
972	D2	Yeah.
973	D4	maybe it won't work with this particular individual so don't hold on to that too much, sort of, see if
974		this other one will work or
975	D2	Yeah.
976	D5	That is the same kind of dialectical conflict as you were saying, that you kind of learn to be with this
977		uncertainty and this unknown in the room but at the same time we have a background of
978		knowledge, theoretical knowledge, wherever you call it, so how we are doing this? Because in a way
979		it's also clashing to each other isn't it?
980	D4	[Mmm.]
981	D5	['Cause] you cannot be with uncertainties ha- if you have knowledge
982	D3	Yeah, mmm.
983	D5	and you, you know, it's kind of, for me it's two different
984	D2	[Mmm.]
985	D5	[you know] ways of being in the room
986	D3	Mmm .
987	D2	Mmm.

988	D5	and somehow we need or, you know, they teach us to learn how to you know tolerate these two
989		opposite things so
990	D3	And I'm just wondering if that affects values, our own values?
991	D5	Mmm.
992	D3	Erm as we learn, as we have a, you know learn a, a broader kno- knowledge base, does that affect
993		our own values and then are we, do we become, not different but erm, do we grow I suppose?
994		'Cause we don't become different but, but, well do we become slightly different people?
995	D5	<Laughs>
996	MOD	In accordance with?
997	D3	With our own, with erm, learning I suppose.
998	D5	Mmm, mmm.
999	D3	With going through uni, going through, you know learning the theory, erm understanding ourselves
1000		more, understanding the theoretical base more, erm, having the personal therapy and everything
1001		else, and we become different, like you were
1002	D5	[Or]
1003	D3	[saying] all people are different, maybe we become different.
1004	D5	Different yeah.
1005	D3	Mmm.
1006	D2	Perhaps we create a new narrative for ourselves.
1007	D3	Yeah.
1008	D4	Mmm.
1009	D5	Or we assimilate something we already have, or we emphasise something and bringing
1010	D3	[Mmm, mmm, mmm.]
1011	D5	[up something that we wasn't really aware before]
1012	D2	[Mmm.]
1013	D4	[Mmm.]
1014	D5	because I'm thinking right now, you know with these dualities all the time within us and with that
1015		kind of ambivalence we're always talking about
1016	D3	Mmmhmm.
1017	D5	erm, it's kind of suits me, seriously, I always felt that it's kind of, it's really suits me, I always thought
1018		about human being and some kind of confrontation or conflict within, maybe that's why taking on a
1019		theory it's so, you know, easy for me to understand, because it's, it's fine, it suits me, I kind of, I'm
1020		fine with these dualities, maybe that's why this course is so, I'm, I'm totally in love with the research
1021		part, and I love this one to one therapy you know and it's, and I know it's kind of, as I said, I have this
1022		kind of, both opposite direction in a way but it's fine I li- I really like it.
1023	D4	Mmm.
1024	D3	Mmm, it's
1025	D4	Maybe that's us, as counselling psychologists we're supposed to be able to draw on different th-
1026		different approaches but maybe that's denying our own diversity that
1027	D5	Mmm.
1028	D4	our own uniqueness of one approach may, erm, 'cause choosing a, 'cause where are, where are we
1029		in the choo- choice of approach, because we're unique, the client's unique, but it's all about, what,
1030		based on the uniqueness of the client, what approach would work, but we're as unique as well and
1031		sort of, we'll be able to relate to different clients in different way- ways and relate to different
1032		theories and approaches in different ways, more easily or less easily

1033	D2	Mmm
1034	D3	Mmm, [mmm]
1035	D5	[Or maybe it's about]
1036	D3	[Like you were saying.]
1037	D5	[not really] approach (there), it's about how you approach yourself as a human being with this particular client.
1038		
1039	D4	Mmm.
1040	MOD	How much space do you think on the training course you've had to, have you had to think about these, you've mentioned the integrative model, but you all seem to be thinking quite hard
1041		
1042		[<Laughter>]
1043	MOD	[and reflecting and, and so I'm wondering err, it's, I'm wondering] how you feel the training has shaped your, I suppose both has given you the opportunity to do this and has shaped your ability to do this.
1044		
1045		
1046	D4	I guess it's been a pretty erm, I'm enjoying this 'cause it's enabling me to sort of take responsibility as we talked about, think about, you know, the natural sort of talking about it, as opposed to going to lectures and hearing these different things and then often in different modules having opportunities to do role plays or to have discussion groups, erm, but the emphasis is, what happens first is sort of the dispensing of information, so I think there's been a leaning towards that, which, those ideas enabled me, and also reading and stuff, enables me to, and experience, enables me to talk about it now, but it's here that lets me actually sort of form my own narrative as opposed to listening to my lecturers' narratives or, of what all these things mean.
1047		
1048		
1049		
1050		
1051		
1052		
1053		
1054	MOD	And you think it's leaned more towards that.
1055	D4	It's leaned more towards erm being the receiver, or a passive receiver,
1056	D3	Mmm.
1057	D2	[Mmm.]
1058	MOD	[of information.]
1059	D4	[fo- for me], of information, so I'm enjoying this 'cause it's kind of
1060	D5	Mmm
1061	D2	Mmm.
1062	D4	allowing me to be a bit more active.
1063	D3	I suppose, I'm just thinking of how our group are, were, our small group, and I suppose there was th-
1064		there was some talk about us, that we weren't so passive, that we were more vocal, erm, and I wonder what that's about, I wonder why we were so more vocal
1065		
1066	D4	Mmm.
1067	D3	and your group were quieter, or, or what it, was it something about our own small group, I don't know, I don't know. I think the experiential group, we did talk quite a bit about the theory and, and the, the uni and the teaching
1068		
1069		
1070	D2	[Mmm.]
1071	D3	[at times] didn't we? I think it was nice not to be passive.
1072	D4	Mmm.
1073	D2	Mmm.
1074	D5	I don't know, I don't, I don't really think that, m- I d- I don't wanna say for whole group of our, our, our group but, I definitely wasn't the one who talked a lot over three years but I don't think about myself as a passive in the same time.
1075		
1076		
1077	D4	Mmm.

1078	D5	I don't think I'm this passive person who just you know erm ask for information, it doesn't seem for
1079		me this way, but what is interesting, I actually I, I spoke about this with some of my friends in uni,
1080		erm, it seems like the university really helps us name things, whatever it is, like really gives us
1081		language or discourses or narratives where I recalled, like gives us the role, how to speak about
1082		things, name things, but in terms of experience, or in terms of how they shape, you know values or
1083		ethics for us or different things, it also, it always felt for me that it was not enough time
1084	D3	Mmm.
1085	D5	always, and I think I, I brought it up couple of times with erm supervisors here that, I mean for us it
1086		was three years and it feels now it's not enough in terms of experience, in terms of knowledge or
1087		information maybe it's too much you know, but in terms of experience, and it's kind of, because you
1088		can experience something but you need time to process this, and this is what for me wasn't enough,
1089		and obviously I still have a life outside our profession etc. etc. but maybe I would like more time. I
1090		know practically it's not possible and all these things, money der der der, but if you know were (
1091) of escape of all these practical issues I'd probably think that this programme should be about five
1092		years, just for processing things.
1093	D4	Mmm.
1094	D3	I think that's a really good point
1095	D5	[Mmm.]
1096	D3	[about] process
1097	D5	Mmm.
1098	D3	erm I think that even today it's allowed us to, to really talk about
1099	D5	Yeah and look how, how slow
1100	D3	[Yeah.]
1101	D5	[we are] isn't it, 'cause we're
1102	D3	[Yeah.]
1103	D5	[really] processing things
1104	D4	[Mmm.]
1105	D5	[right], I mean I personally, definitely, like, trying to process things before saying something and it's
1106		takes time, so three years wasn't enough.
1107	D3	Mmm.
1108	D2	I think there's something about, what we're doing here is we're talking and we're exploring at a
1109		more abstract perhap- is abstract the right word? Possibly not, possibly philosophical level, erm not
1110		quite sure what word I'm looking for but it's, it's, I don't think in, in, in the years that I've been here
1111		that there has been a great deal, a great deal of that in terms of erm exploration of the things that
1112		feel less tangible and less erm formulated
1113	D4	Mmm.
1114	D2	if that makes [sense]
1115	D5	[Mmm], mmm.
1116	D2	erm and therefore it feels more abstract
1117	D3	Mmm.
1118	D2	erm, because all along I was thinking, well this whole course has all been about integration, of some
1119		description, but actually what you're talking about for the first three years, from my experience, is
1120		receiving things in kind of separate chunks
1121	D4	Mmm.
1122	D2	and that this last year has been about trying to bring those together, and I understand why that's

1123		happened the way that it has, erm, don't really know where I'm going with this, but the discussions
1124		that have been had with- within the role plays or part of, part of the lectures when, in the seminar
1125		bits, again it's all been about very much practical application
1126	D3	Mmm.
1127	D4	Mmm.
1128	D3	Mmm.
1129	D2	hasn't it, the things that we've been set
1130	D3	Yeah.
1131	D2	to discuss, erm, rather than the integration of concepts I suppose and things that are less tangible or
1132		observable, the things that are slightly more, yeah ethereal, you know, whatever, you know what
1133		are values and ethics, you know?
1134	D3	Those things we can't grab.
1135	D2	Yeah.
1136	D3	Mmm, mmm.
1137	D2	And perhaps that's where my greatest learning is, when we've had the opportunity to do that, which
1138		is why I've probably cited the integrative model, 'cause it's thrown up many more questions for me
1139		than others have
1140	D4	Mmm.
1141	D2	that's what it's done
1142	D4	Mmm.
1143	D2	and that's where my learning really is, in trying to struggle, the struggle, and trying to find my
1144		answers.
1145	D5	But it's interesting I'm thinking that integrative model really gives us space without really roles,
1146		when we really need to build our own ways, while any other model, which is much more concrete
1147		and structured, gives us roles as well, so what you're describing is exactly maybe what they want
1148		from us and what they kind of plan you know, by giving us integrative model that
1149	D2	[Mmm.]
1150	D5	[we] give you space right now, the field, and you, you know, you find your own way
1151	D3	Mmm, I was
1152	D4	Yes, it reminds me of, I think <i>LECTURER</i> was saying in that last group, erm, how it wouldn't be
1153		integrative if he, if they had told us how to be integrative
1154	D5	Mmm.
1155	D4	how to integrate, they could only sort of show examples of and
1156	D3	Mmm.
1157	D2	and then allow us to integrate it.
1158	D3	I was thinking of what you said earlier about the parent
1159	D5	Mmm.
1160	D3	and erm, and I have in my mind a, a small toddler being taken by the hand and learning certain
1161		things and then being allowed out to play, erm, and that's how it feels, that, yeah go and play in the
1162		sand and see how it feels and erm then later you can build a sandcastle
1163	D5	[<Laughs>]
1164	D3	[erm], something like that, learning a few, learning some rules, before, and then being allowed to
1165		develop that.
1166	D4	Mmm.
1167	D5	Mmm.

1168	D2	But you see why are they not able to say, I can't really tell you how to be integrative 'cause that
1169		wouldn't be being integrative, but it's okay
1170	D3	[<Laughs>]
1171	D2	[to say, this] is how you should be psychodynamic, this is how you should be CBT, because I would
1172		argue that actually from person to person that's very different
1173	D3	Yeah.
1174	D4	Mmm.
1175	D2	and that you know
1176	D5	Absolutely
1177	D2	you know so, what is, you know, why is that different?
1178	D4	Mmm.
1179	D2	Does that make sense?
1180	D3	Mmm.
1181	D2	Why is it okay for some models
1182	D5	But I
1183	D2	to be more prescriptive about how [to be ()]
1184	D5	[I'm thinking that actually] they did say this no? Maybe I heard this, somehow, I think they all said it,
1185		this is kind of what roles, for example set A B C D, but it doesn't mean you are gonna be the same
1186		way in the room, and they all said this, for psychodynamic especially.
1187	D2	I didn't hear that so much.
1188	D5	No? Maybe, maybe it's my imagination right now I don't know
1189	D4	Mmm.
1190	D5	but somehow I always feel that they gave us this open space like, you know, it's maybe this way but
1191		it might be other way around. Maybe I wanted to hear this I don't know <Laughs>.
1192	MOD	Okay we've got just over five minutes left and I just want, so I wanna go back to the question that I
1193		asked just to, for the last five minutes to round things up
1194	D5	[Mmm.]
1195	MOD	[but] erm, so what I asked earlier was, what role do values and ethics play in counselling psychology
1196		training and practice?
1197	D5	<Laughs>
1198	MOD	It's funny 'cause as I ask it now it feels like it's become a much bigger question.
1199	D5	[Yeah.]
1200	D2	[Yeah.]
1201	D4	Yeah.
1202	D5	Yes, absolutely.
1203	D2	Yeah.
1204	MOD	Than when I asked it
1205	D5	Yeah.
1206	MOD	maybe
1207	D5	Before.
1208	MOD	an hour ago.
1209	D2	Yeah. I want to say that it, it is the very foundation for me, I think, of what it is to be a counselling
1210		psychologist. I've never thought of it like that before.
1211	D4	Mmm.
1212	D5	I think values as soon as I understand it today, it is a foundation.

1213	D3	Mmm.
1214	D5	Like the basic, basic, basic principles, but with ethics I think it's a different story for me. I'm not sure
1215		they're the same and I'm not sure I really erm, it's difficult to explain but I can see myself sometimes
1216		breaking the boundaries, breaking the rules, I mean the ethics rules not my personal values, but
1217		ethics rules, I can easily see this, I haven't done it yet but, maybe I did actually, you never know, but
1218		I can see it, easy.
1219	MOD	When you said it's the foundation wh- what were you talking about, just in terms of the language
1220		there?
1221	D2	Ethics and, [values and ethics]
1222	D5	[()]
1223	MOD	Both together.
1224	D5	[Both, yeah.]
1225	D2	[but actually] just thinking about what you just said I was also thinking that perhaps it depends upon
1226		what we consider to be ethical and non-ethical as well
1227	D4	[Mmm.]
1228	D5	[Absolutely], no absolutely it's a big question [of (what)]
1229	D2	[and our values will] probably inform that.
1230	D5	what do we mean yeah.
1231	D4	I'm thinking about saying, going over time sometimes with a client, you could say, going over time
1232		erm it's, the boundaries aren't as firm so the client isn't as contained, is that doing harm to the
1233		client? Which is an ethical
1234	D5	[Yeah.]
1235	D4	[thing], erm, yeah.
1236	D2	Or is it unethical to allow someone to leave the room when something has just come up, they've
1237		said something and you haven't worked it through with them
1238	D5	Exactly.
1239	D2	in any way shape or form, it's the dilemma [isn't it]
1240	D5	[Exactly], [yeah.]
1241	D4	[Mmm.]
1242	D3	I think for me the eth- an ethical framework, having an ethical fr- ethical framework written down,
1243		like the BPS guidelines, the BACP, actually holds me in my work, erm, and if I have a client that I
1244		haven't worked something through, that'll just have to stay 'til the next time, erm, values is, ooh,
1245		slightly more shady erm <Laughs>
1246	D5	<Laughs>
1247	D4	Mmm.
1248	D3	Yeah, mmm, but I like the holding stance of having an ethical framework.
1249	D2	'Cause that protects you against what?
1250	D5	Yeah do you think [ethics is safe here?]
1251	D3	[Well I don't know if it] protects me, [well I think it does protect me]
1252	D2	[But it holds you, therefore it's safe]
1253	D3	I think it, yeah I like the safety
1254	D5	Safe, yeah it's safety.
1255	D3	I th- I like the safety, erm I like to work within that framework, for my own safety and for other
1256		peoples' safety, mmm.
1257	MOD	Can you say a little bit more about values being shady?

1258	D3	Well values I suppose is that my values, I expect, erm, I think, have probably changed but then I h-
1259		we haven't got time to question that right now but it has made me think about, have my values
1260		actually changed through this training?
1261	MOD	Mmm.
1262	D4	I think ethics scare me, when I think about going into private practice would I do it? It feels like
1263		ethics, how to adhere to them, or not, feels dangerous when it's sort of, you know with the HPC if
1264		you,
1265	D2	Mmm.
1266	D4	if you break any ethics then you'll be struck off or
1267	D2	Mmm.
1268	D4	erm, so, yeah, I think if I think about 'em all the time, yeah, I think they do hold me but at the same
1269		time I, I don't think about them 'cause I think if I did all the time I would, it would make me anxious
1270		about [<Laughs>]
1271	D2	[Mmm.]
1272	D4	the erm, you know, the, the, erm, the regulatory bodies that could dish out punishments if I
1273	D3	Mmm.
1274	D2	[Mmm.]
1275	D5	[Mmm.]
1276	D4	[break ethics and] erm, I'm speaking in sort of extreme terms but
1277	D2	But that's [the dilemma isn't it?]
1278	D5	[But it's easy], it's easier to understand [then, so yeah]
1279	D3	[Well I think that's the holding].
1280	D2	Yeah but
1281	D4	[Mmm, mmm]
1282	D2	[I also think that's part] of the dilemma is that a lot of our work is around taking some kind of
1283		relational risk with people.
1284	D5	This is what
1285	D3	[Yes .]
1286	D5	[I wa- I wanted to say as well actually <Laughs>]
1287	D4	[Yeah, so, it's about the fear, yeah]
1288	D2	[(It's all about fear and ethics)]
1289	D5	[Yeah.]
1290	D4	yeah, 'cause if you're fearing being erm, I shouldn't do that because
1291	D2	[Yeah.]
1292	D5	[Exactly.]
1293	D4	I don't wanna put a foot out then
1294	D2	[Yeah.]
1295	D4	[can I] be creative or [risk, risk taking]
1296	D3	[Mmm].
1297	D2	[Yes.]
1298	D5	[Exactly, I mean ethics, it is] a boundaries isn't it, if you don't cross the boundaries where is the
1299		development?
1300	D2	Yes.
1301	D5	[It's like a human]
1302	D3	[It always comes at the end] doesn't it

1303	D5	It's like human
1304		<Laughter>
1305	D4	Yes.
1306		<Laughter>
1307	D5	You can go () out of the boundaries of one and half hours, you're being a bit less ethical
1308		<Laughs>
1309	D3	Ethical risk [<Laughs>]
1310	D4	[Yeah.]
1311	D5	No but this is the point you know if you don't cross the boundaries, why we are there for? How are
1312		we are gonna provide the environment for our client to cross some boundaries that they've got
1313	D3	[(They've got you)]
1314	D5	[for, for] development, you know I'm not saying for () but for their beneficial, how, I mean if
1315		we aren't able to do it, what about them?
1316	D3	But is it not that we're not able to do it, we can do it, we actually can, cross any boundary we want
1317		to quite happily, I can, erm
1318	D5	[But you don't.]
1319	D3	[but I don't], yeah, yeah.
1320	D5	What if you need to in terms of clients, client benefits
1321	D3	[I wouldn't.]
1322	D5	[but you], still you wouldn't?
1323	D3	I wouldn't, that is up to that client if they want to cross a boundary, it doesn't mean I have to cross a
1324		boundary
1325	D5	So would you allow them to cross the boundary?
1326	D3	Well it depends on my safety doesn't it, depends if it involves me or not.
1327	D5	Okay.
1328	D3	Mmm.
1329	D4	And I think it depends on approach as well
1330	D5	[Mmmhmm.]
1331	D4	[whether you're]
1332	D3	Mmm.
1333	D2	[Mmm.]
1334	D4	[person-centred] and you wanna be congruent and put a hand on, on them
1335	D3	Yeah.
1336	D4	in that moment
1337	D3	Mmm.
1338	D4	erm
1339	D3	because that's a boundary in itself isn't it?
1340	D4	Yeah.
1341	D3	Mmm.
1342	D4	very no-no psychodynamically but
1343	D3	Touch, yeah.
1344	D4	erm
1345	D2	But actually I was thinking psychodynamically
1346	D5	<Laughs>
1347	D2	interpretation is open to enormous

1348	D3	[Mmm.]
1349	D2	[potentially] enormous risk, of psychodynamic work
1350	MOD	[Okay.]
1351	D2	[(just to end)]
1352		[<Laughter>]
1353	D5	[finish, finish just need to ()]
1354	MOD	[Does anybody want to say anything], final burning things anyone wants to say before I stop?
1355	D5	Thanks for [doing this]
1356	D2	[No]
1357	MOD	No?
1358	D2	[great, really enjoyed being part of it.]
1359	D5	[it's been very good, yeah.]
1360	D3	[No but thank you], we'll carry on without you.
1361		<Laughter>
1362	MOD	OK thanks.